

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3745

FILED MAR 13 1951

BIRTH NO. _____ REG. DIST. NO. 21 PRIMARY REG. DIST. NO. 4032 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amsterdam
c. LENGTH OF STAY (in this place) 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Bates
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amsterdam
d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED a. (First) Lucinda b. (Middle) _____ c. (Last) Fritts
4. DATE OF DEATH (Month) (Day) (Year) Feb. 28 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH 7-2-1862 9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Ohio 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ba ughma n 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Perry Fritts (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Ralph Fritts ADDRESS Amsterdam, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
**This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.*
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic Hypertension - (interstitial)
ANTECEDENT CAUSES DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Chronic Hypertension
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____
INTERVAL BETWEEN ONSET AND DEATH 592x

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from Jan 10, 1947, to Feb 28, 1951, that I last saw the deceased alive on Dec 24, 1949, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. A. Lusk Jr. (Degree or title) M.D. 23b. ADDRESS State Bx. 66, Butler, Mo 23c. DATE SIGNED March 1, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 3-2-1951 24c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cemetery 24d. LOCATION (City, town, or county) (State) Adrain, Mo.

DATE REC'D BY LOCAL REG. 3-1-51 REGISTRAR'S SIGNATURE L. A. Mangold 25. FUNERAL DIRECTOR'S SIGNATURE Archer & Mangold ADDRESS Amsterdam, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0070

RECEIVED 3-12-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 3-12-51 _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____
Student Embalmer

Signed

L. R. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.