

FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 28

0594
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>LIVINGSTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>	
c. LENGTH OF STAY (in this place) <u>1 1/2 days</u>		d. STREET ADDRESS (If rural, give location) <u>910 1/2 Celoy St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Billy</u> b. (Middle) <u>Jean</u> c. (Last) <u>Fitzpatrick</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 26, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 29, 1925</u>	9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Feed Distributor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Feed sale</u>		11. BIRTHPLACE (State or foreign country) <u>Livingston County, Mo.</u>	
13a. FATHER'S NAME <u>Jean Fitzpatrick</u>			13b. MOTHER'S MAIDEN NAME <u>Sylvia Clark</u>		13c. NAME OF HUSBAND OR WIFE <u>Catherine Robin Fitzpatrick</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>498-34-7484</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jean M. Fitzpatrick</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>56 hrs</u>

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		DUE TO (b) _____		DUE TO (c) _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Jackson Township Livingston Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 24-51 3:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile accident.</u>	
22. I hereby certify that I attended the deceased from <u>Feb 24, 1951</u> , to <u>Feb 26, 1951</u> , that I last saw the deceased alive on <u>Feb 26, 1951</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Joseph F. Galy, M.D.</u>			23b. ADDRESS <u>Chillicothe, Mo.</u>		23c. DATE SIGNED <u>2-27-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 4, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Norman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson, Mo.</u>
DATE REC'D BY LOCAL REG. <u>2/27/51</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Danni - Blackman Denton, Mo.</u>	



APR 8 1951

APR 10 1951

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed J. Gordon Blackmer

Licensed Embalmer No. 4602

P. O. Address Groton, 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.