V.S. No. 300
Rev. 10.48

3008

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

FILED JUL 3 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44341

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hazelwood Home 33 & Prospect

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3216 Marsh

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Jefferson c. (Last) Fitzgerel
4. DATE OF DEATH (Month) (Day) (Year): Sept 21 1951
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 5, 1870
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 4 Days 16 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (State or foreign country): Higginsville, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A/
13a. FATHER'S NAME: John Fitzgerel
13b. MOTHER'S MAIDEN NAME: Mary E. Nutter
14. NAME OF HUSBAND OR WIFE: Laura Frances
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): xxxx
16. SOCIAL SECURITY NO.: 493-22-5862
17. INFORMANT'S SIGNATURE OR NAME: Wm. J. Fitzgerel — ADDRESS: Pleasant Hill, Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

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: 177X
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* Sept 14, 1951, *to* Sept 21, 1951, *that I last saw the deceased alive on* Sept 21, 1951, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: John K. Caldwell (Degree or title) MD
23b. ADDRESS: 306 E 12 St Kansas City, Mo.
23c. DATE SIGNED: 9/21/51

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept 24 1951
24c. NAME OF CEMETERY OR CREMATORY: Bluff Springs, Cem
24d. LOCATION (City, town, or county) (State): Kingsville, Missouri

DATE REC'D BY LOCAL REG.: JUL 3 1952
REGISTRAR'S SIGNATURE: Clyde A. Bridges
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Canaday & Ropp, Holden, Missouri

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 1952

JUL 7 1952

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3434

P. O. Address Holden, Missouri.

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.