

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

APR 7 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 336

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dayless	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) Gallatin	
c. LENGTH OF STAY (in this place) 5 days		d. STREET ADDRESS (If rural, give location) 0310 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospt.			

3. NAME OF DECEASED (Type or Print)	a. (First) Frank	b. (Middle) Artman	c. (Last) Fitterer	4. DATE OF DEATH (Month) (Day) (Year) Mar. 18, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 15, 1873	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days 3	IF UNDER 24 HRS. Hours 	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer	10b. KIND OF BUSINESS OR INDUSTRY Retail Groceries	11. BIRTHPLACE (State or foreign country) Trenton, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Enos Fitterer	13b. MOTHER'S MAIDEN NAME Mary Artman	14. NAME OF HUSBAND OR WIFE Maude Fitterer
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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 Maude Fitterer, Gallatin, Mo.	ADDRESS
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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, ashenic, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 day years. "
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-14-, 1952, to 3-18-, 1952, that I last saw the deceased alive on 3-18-, 1952, and that death occurred at 1 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul Jungreis MD	23b. ADDRESS St. Joseph Mo.	23c. DATE SIGNED 3-18-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 20, 1952	24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery	24d. LOCATION (City, town, or county) (State) Gallatin, Mo.
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DATE REC'D BY LOCAL REG. April 2, 1952	REGISTRAR'S SIGNATURE Carl C. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Earl Clark	ADDRESS 1201 Lincoln
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2117
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JAN 6 1953

OCT 7 1953

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 *Emil A. Clark*

Licensed Embalmer No. *4225*

P. O. Address *St. Joseph 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.