

FILED JUL 8 1952
10.48

STANDARD CERTIFICATE OF DEATH

State File No. 20280

BIRTH NO. _____		REG. DIST. NO. <u>139</u>		PRIMARY REG. DIST. NO. <u>5541</u>		Registrar's No. <u>48</u>			
1. PLACE OF DEATH a. COUNTY <u>Holt</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - North Union township</u>		c. LENGTH OF STAY (In this place) <u>35 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - North Union township</u>		d. STREET ADDRESS (If rural, give location) <u>3/4 miles east of Craig, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3/4 miles east of Craig, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>3/4 miles east of Craig, Mo.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>Byron</u>			c. (Last) <u>Fitzgerald</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>June 26, 1952</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>June 16, 1873</u>	
9. AGE (In ^{years} last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>On the farm</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edward E. Fitzgerald</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Willoughby</u>			14. NAME OF MARRIED OR WIFE <u>Leona Fitzgerald</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Byron Fitzgerald - Craig, Mo.</u>					ADDRESS
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arterio Sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>	
				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 <u>334X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Jan 3, 1952</u> to <u>June 26, 1952</u> that I last saw the deceased alive on <u>June 23, 1952</u> and that death occurred at <u>3 P. M.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>F E Hogan M.D.</u>				23b. ADDRESS <u>Mound City Mo</u>		23c. DATE SIGNED <u>6-27-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/28/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Craig, Mo</u>			
DATE REC'D BY LOCAL REG. <u>6-30-1952</u>		REGISTRAR'S SIGNATURE <u>James H. Crawford</u>		469-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur L. Schooley - Craig, Mo.</u>			

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

440
1

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.....

Myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Wilber L. Schooler

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.