

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 1420
131

FILED FEB 9 1953

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

| | | | | | |
|--|--|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (In this place) 46 YEARS | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | d. STREET ADDRESS (If rural, give location) 210 E. 30 |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION General Hospital No. 1 | | | 3440 | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) FAIRY | | b. (Middle) BELLE | c. (Last) FITZGEREL | 4. DATE OF DEATH (Month) (Day) (Year) 1 9 53 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH Nov. 18 - 1882 | 9. AGE (In years last birthday) 70 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE |
| 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 (City and State or Foreign Country) FORT SCOTT, KANSAS | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
| 13a. FATHER'S NAME WILLIAM STONE | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE WALTER FITZGEREL | | |
| 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. 499-07-92968 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS WALTER FITZGEREL 210 EAST 30TH ST. KANSAS CITY 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. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas 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 | | 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) | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | | | | |
| 22. I hereby certify that I attended the deceased from Dec. 22, 1952, to Jan. 9, 1953, that I last saw the deceased alive on Jan. 9, 1953, and that death occurred at 12:50 Am., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE B.I. Burns MD (Degree or title) | | | 23b. ADDRESS 24th & Cherry | | 23c. DATE SIGNED 1-9-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE JAN-12-1953 | 24c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI | | |
| DATE REC'D BY LOCAL REG. 1-12-53 | REGISTRAR'S SIGNATURE Geraldine Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Newcomer 1331 BRUSH CREEK KANSAS CITY, MO. | | |

(Licensed Embalmer's Statement or Reverse Side)

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

B. Honey

115

U.S.

7 12 17 24

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Basil V. Honey*

Licensed Embalmer No. *24724*

P. O. Address *Lisland 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.