

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7502**

BIRTH NO. **FILED FEB 24 1954** REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **3075** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter	
c. LENGTH OF STAY (in this place)		10310	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If rural, give location) West Market	

3. NAME OF DECEASED (Type or Print) a. (First) Barbara b. (Middle) Ann c. (Last) Fritts			4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Sept. 7, 1940	9. AGE (In years last birthday) 13	10. IF UNDER 1 YEAR 5 Months 6 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Dexter, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME George E. Fritts		13b. MOTHER'S MAIDEN NAME Velma Kitchen		14. NAME OF HUSBAND OR WIFE -----	
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. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George E. Fritts, Dexter, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Labor Performed		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Con genital Deformity and DUE TO (c) Anemia due to malnutrition		
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) 4958	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 **2-10**, 19**54**, to **2-13**, 19**54** that I last saw the deceased alive on **2-12**, 19**54**, and that death occurred at **7:20** **am**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. S. Davis M.D.		23b. ADDRESS Dexter, Mo.		23c. DATE SIGNED 2-18-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-15-54		24c. NAME OF CEMETERY OR CREMATORY Bernie	
24d. LOCATION (City, town, or county) (State) Bernie, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey Dexter, Mo.			
DATE REC'D BY LOCAL REG. 2-19-54		REGISTRAR'S SIGNATURE Velma V. Jenkins		4011	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. 3479

P. O. Address Watts, 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.