

FILED AUG 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29472
Registrar's No. 144

BIRTH NO. REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. CITY OR TOWN Marshall, R#2	
c. LENGTH OF STAY (In this place) 7 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon hospital		e. STREET ADDRESS (If rural, give location) 2 miles south of Marshall	

3. NAME OF DECEASED a. (First) Stephen b. (Middle) William c. (Last) Fitzsimmons			4. DATE OF DEATH (Month) (Day) (Year) August 13th, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH January 24, 1864		9. AGE (In years last birthday) 90		10. IF UNDER 1 YEAR Months 6	
11. IF UNDER 1 YEAR Days 19		11. IF UNDER 1 YEAR Hours		11. IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and State or Foreign Country) Saline County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Christopher J. Fitzsimmons		13b. MOTHER'S MAIDEN NAME Docia Trigg		14. NAME OF HUSBAND OR WIFE Eria Jane Fitzsimmons	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs S.W. Fitzsimmons, Marshall, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 hrs</i>	
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 <i>153X</i>		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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 8-1 1954 to 8-13 1954 that I last saw the deceased alive on 8-13 1954 and that death occurred at 4:06P m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <i>Marshall Mo</i>		23c. DATE SIGNED <i>8-14-54</i>	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 15, 1954		24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery	
24d. LOCATION (City, town, or county) Marshall, Missouri					

DATE REC'D BY LOCAL REG. 8-15-54		REGISTRAR'S SIGNATURE <i>[Signature]</i> 385		25. FUNERAL DIRECTOR'S SIGNATURE CAMPBELL-Lewis-MARSHALL MO	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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.....
Signature of Student Embalmer

Signed *James H. Lewis Jr.*.....

Licensed Embalmer No. *4709*

P. O. Address *Marshall*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.