

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37132

State File No.

FILED DEC 13 1954

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 173

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u> b. CITY OR TOWN <u>Trenton</u> c. LENGTH OF STAY (In this place) <u>9 months</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1913 Chestnut Susan's Rest Home</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u> c. CITY OR TOWN <u>Trenton</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>Susan's Rest Home 0403</u>		
3. NAME OF DECEASED a. (First) <u>Ella</u> b. (Middle) <u>Fitzpatrick</u> c. (Last) <u>Fitzpatrick</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4 1954</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct 4 1872</u>	9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR: Months <u>1</u> IF UNDER 12 HRS: Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Spickard, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Franklin Kincaid</u> 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bennett</u> 14. NAME OF HUSBAND OR WIFE <u>Levi Fitzpatrick (dec)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u> </u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sophia Shockey</u> ADDRESS <u>Trenton, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis</u> ANTECEDENT CAUSES <u>Chronic Myocarditis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>2 years</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</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)		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>Nov 15, 1954</u> , to <u>Nov 4, 1954</u> , that I last saw the deceased alive on <u>Nov 4, 1954</u> and that death occurred at <u>7:00</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>E. A. Duffey M.D.</u> (Degree or title)		23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>Nov 5-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 7 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Spickard, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-7-54</u>		REGISTRAR'S SIGNATURE <u>Irene Jaw</u> <u>115</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis-Blackman</u> ADDRESS <u>Trenton, Mo.</u>	

E. A. Duffey

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

Signature *Harold L Roberts*

Licensed Embalmer No. *492*

P. O. Address *Greentown, Pa*

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.