

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11906

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1460	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY CLAY			
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 3 DAYS		c. CITY OR TOWN NORTH KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Joseph Hospital				STREET ADDRESS (If rural, give location) 2009 ERIC 6201			
3. NAME OF DECEASED (Type or Print) a. (First) LOTTIE			b. (Middle) -STUART-		c. (Last) FITZSIMMONS		4. DATE OF DEATH (Month) (Day) (Year) MAR 30 1955
5. SEX 1 FEMALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH JAN 21, 1879	
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) AITON, ILL.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John STUART			13b. MOTHER'S MAIDEN NAME MARTHA SMITH		14. NAME OF HUSBAND OR WIFE William FITZSIMMONS		
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. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. DOROTHY LEONARD 4011 ANTIOCH RD.			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myeloid Leukemia 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. Diabetes Mellitus					INTERVAL BETWEEN ONSET AND DEATH 8 weeks
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 2-8, 1955, to 3-29, 1955, that I last saw the deceased alive on 3-29, 1955, and that death occurred at 12:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Leo F. Cooper (Degree or title)				23b. ADDRESS 1220 E. 31st K. C. Mo.		23c. DATE SIGNED 3-30-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-1-55		24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW Cem		24d. LOCATION (City, town, or county) (State) LIBERTY MO	
DATE REC'D BY LOCAL REG. 4-1-55		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D.W. Newcomer 77 K. C. Mo.			

(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.....
Signature of Student Embalmer

Signed... *Glenn H. Hill*

Licensed Embalmer No... 458

P. O. Address... K.C. 16, 2

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.