

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4530

FILED MAR 5 1957

STATE FILE NUMBER

1687-57

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		c. CITY OR TOWN Kaolin 0470 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital DOA		d. STREET ADDRESS (If outside, give location) 6 mi. SW of Belleview Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First OMAN Middle WAYNE Last FITZGERALD		4. DATE OF DEATH Month Feb. Day 12 Year 1957	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 13 1957
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY no	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 29 IF UNDER 24 HRS.: Days 0 Hours 0 Min. 0
11. BIRTHPLACE (City and state or country) Ironton Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Willis M. Fitzgerald		14. MOTHER'S MAIDEN NAME Delores Lambert	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Willis Fitzgerald		Address Belleview Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Operation pneumonia DUE TO (b) Acute virus infection DUE TO (c) Congenital bilateral Atelectasis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 492x			INTERVAL BETWEEN ONSET AND DEATH few hours 12 days Birth
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20c. TIME OF INJURY Hour 2-1-57 Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 2-1-57 to 2-12-57 and last saw ^{her} him alive on 2-12-57 Death occurred at 2:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE P. E. Harland (Degree or title)		22b. ADDRESS m.D. Ironton, mo	
22c. DATE SIGNED 2/18/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 2-13-57	
23c. NAME OF CEMETERY OR CREMATORY Lambert Cemetery		23d. LOCATION (City, town, or county) (state) Monterey Mo.	
24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo.		25. DATE RECD. BY LOCAL REG. 2-20-57	
26. REGISTRAR'S SIGNATURE Ms. Ann Jones			

Anal White (Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms will be stated. ATT Doctor, coroner, etc. must use only standard nomenclature in Part I.

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 *Annel J. White*.....

Licensed Embalmer No. *30*

P. O. Address *Trinton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.