

HEALTH, WELFARE, PUBLIC SERVICE  
 57837-56  
 FILED FEB 19 1957  
 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH  
 4531  
 STATE FILE NUMBER  
 Registration District No. 194 Primary Registration District No. 4234 Registrar's No. 10

0470  
 300  
 1-56  
 0

1. PLACE OF DEATH  
 a. COUNTY **Iron**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Ironton** Inside Limits Yes  No   
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Mary's** Length of stay in 1b **1 day**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **Iron**  
 c. CITY OR TOWN **Kaolin Township** <sup>0440</sup> Inside Limits Yes  No   
 d. STREET ADDRESS **6 mi SW of Bellevue** (If outside, give location) <sup>0</sup> Reside on Form Yes  No

3. NAME OF DECEASED (Type or print)  
 First **Virginia** Middle **Jewel** Last **Fitzgerald**  
 4. DATE OF DEATH **Jan 27, 1957** Month **Jan** Day **27** Year **1957**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH **Sept. 25, 1956** 9. AGE (In years last birthday) **4** IF UNDER 1 YEAR Months **4** Days **2** IF UNDER 24 HRS. Hours **2** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **none** 10b. KIND OF BUSINESS OR INDUSTRY  
 11. BIRTHPLACE (City and state or country) **Ironton, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME **James Fitzgerald** 14. MOTHER'S MAIDEN NAME **Delores Allen**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, cite war or dates of service) **no** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT **James Fitzgerald, Monterey, Mo.** Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Acute bilateral bronchial pneumonia**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **virus colitis**  
 DUE TO (c)  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  
 INTERVAL BETWEEN ONSET AND DEATH **1 day**  
**1 day**

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) **2**  
 20c. TIME OF INJURY Hour **1:03 A.** Month, Day, Year  
 20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  
 20f. CITY, TOWN, OR LOCATION **Ironton, Missouri** COUNTY STATE

21- I attended the deceased from **1-26-57** to **1-27-57** and last saw ~~him~~ <sup>her</sup> alive on **1-27-57**  
 Death occurred at **1:03 A.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **R. E. Harland, M.D.** 22b. ADDRESS **Ironton, Missouri** 22c. DATE SIGNED **2-8-57**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **Jan. 28, 57** 23c. NAME OF CEMETERY OR CREMATORY **Lambert Cemetery** 23d. LOCATION (City, town, or county) (State) **Monterey, Missouri**

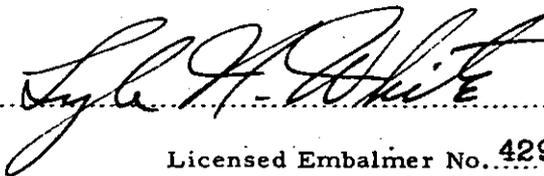
24. FUNERAL DIRECTOR **White Funeral Home** ADDRESS **Ironton, Mo.** 25. DATE RECD. BY LOCAL REG. **2-10-57** 26. REGISTRAR'S SIGNATURE **Miss Avis Jones**  
**Arvid J. White**  
 (Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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  .....

Licensed Embalmer No. 4295

P. O. Address Ironton, M

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.