

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41123

STATE FILE NUMBER

FILED NOV 18 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 432

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTE <u>Residence 1416 Broadway</u>		d. STREET ADDRESS (If outside, give location) <u>1416 Broadway</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>HORATIO</u> Middle <u>SEYMOUR</u> Last <u>FITZSIMMONS</u>			4. DATE OF DEATH <u>October 28, 1957</u> Month <u>October</u> Day <u>28</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>December 17, 1888</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>11</u> Hours <u>11</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Desk an</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Southwestern B. Tel.</u>	11. BIRTHPLACE (City and state or country) <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	

13. FATHER'S NAME <u>Irving John Fitzsimmons</u>		14. MOTHER'S MAIDEN NAME <u>Ella Loudema Hall</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>	16. SOCIAL SECURITY NO. <u>493 07 5642A</u>	17. INFORMANT <u>Mrs. H. S. Fitzsimmons</u> Address <u>Hannibal Missouri</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CVA, acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>hypertensive cardiovascular disease</u> DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT <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 10-2-57 to 10-22-57 and last saw ^{her}him alive on _____
Death occurred at 12:30 A. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>F. E. Sultanian M. D. F. A. C. S.</u>	22b. ADDRESS <u>115 N. 5th St. Hannibal, Mo.</u>	22c. DATE SIGNED <u>10-30-57</u>
--	---	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/30/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>
--	------------------------------	--	---

24. FUNERAL DIRECTOR <u>H. Crawford Smith</u>	ADDRESS <u>Hannibal Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>11-7-1957</u>	26. REGISTRAR'S SIGNATURE <u>She E. M. Luckey by J. C. Fisher</u>
--	-------------------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

securing the individual certificate in the specific manner required by 172.110 Mo. Stat. 172.110

87-)

RECEIVED NOV 15 1957
MARION CO. HEALTH DEPT.
DATE FILED NOV 15 1957

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 *H. Crawford Smith*.....

Licensed Embalmer No... 3814

P. O. Address Hannibal, Miss.

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.