

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013188
STATE FILE NUMBER

FILED APR 23 1958

Registration District No. 14 Primary Registration District No. 5064 Registrar's No. 14

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| 1. PLACE OF DEATH a. COUNTY <u>Barton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Leroy-Township</u> | | c. CITY OR TOWN <u>Liberal</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> | | d. STREET ADDRESS (If outside, give location) <u>Liberal</u> | |

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| 3. NAME OF DECEASED (Type or print) First <u>Charley</u> Middle <u>Franklin</u> Last <u>Fitchpatrick</u> | | | 4. DATE OF DEATH Month <u>4</u> Day <u>17</u> Year <u>1958</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>May 16, 1874</u> | | 9. AGE (In years last birthday) <u>83</u> |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u> | 11. BIRTHPLACE (City and state or country) <u>Cane Hill, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
| 13a. FATHER'S NAME <u>Perry Fitchpatrick</u> | 13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Standley</u> | 14. NAME OF HUSBAND OR WIFE <u>Laura May Fitchpatrick-dec.</u> | |

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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT <u>Ivernia Hizar--daughter--Liberal, Mo.</u> |
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| 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>Inanition & Debility of</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>17 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Chronic Cecatrical Stenosis Pylorus</u> | <u>6 yrs.</u> |
| | DUE TO (c) <u>Chronic Peptic Ulcer of Pylorus</u> | <u>10 to 12 yrs.</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Acute Cardiac Decompensation began 3 wks. ago</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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 _____ a.m. _____ p.m. _____ | |

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| 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 <u>Liberal, Missouri</u> |
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21. I attended the deceased from Feb. 5, 1946 to Apr. 17-58 and last saw ~~him~~ ^{her} alive on April 17, 1958
Death occurred at 4:45 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>Minerue Kneeland, D.O.</u> | 22b. ADDRESS <u>Liberal, Missouri</u> | 22c. DATE SIGNED <u>4/18/58</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>4/19/1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Iantha Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Iantha Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Melba J. Montanoy</u> | ADDRESS <u>Melberry St</u> | 25. DATE RECD. BY LOCAL REG. <u>April 18 1958</u> | 26. REGISTRAR'S SIGNATURE <u>Charlatta McDowell</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary-Treasurer, etc.-must use only standard non-removable ink-removable ink-stamps will be refused. All diseases in Part I must be causally related.

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 *W. Smith*

Licensed Embalmer No. *2969*

P. O. Address *Patsey Inn*

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.