Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024316
STATE FILE NUMBER

FILED JUL 9 1958 Registration District No. 347 Primary Registration District No. 6159 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY Stone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Williams Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S-E of Viola Length of stay in Ib 35 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stone
c. CITY OR TOWN Berryville, Ark Rt. 1 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS S-E. of Viola (If outside, give location) Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: MARY Middle: ELIZABETH Last: FITZGERALD
4. DATE OF DEATH Month: 6 Day: 19 Year: 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 5, 1899
9. AGE (In years last birthday) 58
IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Taney Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME P.C. Casey
14. MOTHER'S MAIDEN NAME Clara Silsor
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Jim Fitzgerald, Berryville, Ark. Address Rt. #1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Embolus — 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Heart Disease — 5 years
DUE TO (c) 4201
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
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.)
20c. TIME OF INJURY Hour a. m. p. m. 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 COUNTY STATE
21. I attended the deceased from Feb. 24-1946 to June 19-58 and last saw her alive on June 18-1958
Death occurred at 6:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE E E McDaniel (Degree or title) MD
22b. ADDRESS Cassville, Mo.
22c. DATE SIGNED 6-21-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-22-58
23c. NAME OF CEMETERY OR CREMATORY Fields Cemetery
23d. LOCATION (City, town, or county) Stone Co., Mo. (State)
24. FUNERAL DIRECTOR Doyle E. Williamson, Cassville, Mo. ADDRESS
25. DATE REC'D. BY LOCAL REG. July 3, 58
26. REGISTRAR'S SIGNATURE Mrs. Elmer Brosseau

(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 casually 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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Doyle E Wilbanks

Licensed Embalmer No. 48

P. O. Address Cassville

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