

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043561

STATE FILE NUMBER

FILED DEC 30 1958

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 143

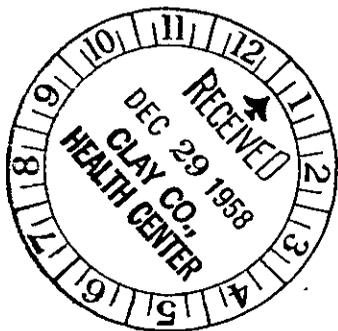
S. 300
1-57

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Florida</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GLADSTONE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>MIAMI</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2203 E 56th TERR</u>		Length of stay in 1b <u>2 WKS</u>	d. STREET ADDRESS (If outside, give location) <u>2203 E 56th TERR</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>AVA I FITZGERAID</u>			4. DATE OF DEATH Month Day Year <u>Dec 25, 1958</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 5 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) Last birthday <u>74</u>
11. BIRTHPLACE (City and state or country) <u>ACKERMAN, Miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>JIM MANN JOHNSTON</u>		13b. MOTHER'S MAIDEN NAME <u>UNK</u>	14. NAME OF HUSBAND OR WIFE <u>HENRY W. FITZGERAID</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>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>CHARLES FITZGERAID 2203 E 56th TERR</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (a) <u>Spontaneous Pneumothorax</u>			<u>15 min</u>
DUE TO (b) <u>Chronic Lymphatic Leukemia</u>			<u>2-3 yrs</u>
DUE TO (c) <u>Secondary Anemia</u>			<u>2-3 yrs</u>
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"/>
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.) <u>2040</u>
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 <u>11-15-58</u> to <u>death</u> and last saw her alive on <u>12-24-58</u> Death occurred at <u>12:05</u> a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. Walter Ham Sr D O</u>		22b. ADDRESS <u>2025 Surg NKC. Mo</u>	22c. DATE SIGNED <u>12-25-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12-25-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Louisville, Miss</u>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons</u>		ADDRESS <u>N.K.C. Mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-25-58</u>
26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>			

Dr. Decker



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 *Glen D. Hill*

Licensed Embalmer No. *4586*

P. O. Address *K.C. 16 Mo.*

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.