URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 30 1959

59-039757
STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 146

ENDED

1. PLACE OF DEATH
a. COUNTY HARRISON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany — Length of stay in 1b 2 Day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Noll Memorial Hosp — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY HARRISON
c. CITY OR TOWN Blythedale — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) None — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: Claude Harven Fitzgerald
4. DATE OF DEATH Month Day Year: Nov 21, 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-13-93
9. AGE (last birthday): 66
IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Mo
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: William Fitzgerald
13b. MOTHER'S MAIDEN NAME: Anna Sloan
14. NAME OF HUSBAND OR WIFE: Fern E. Fitzgerald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 496-42-2544
17. INFORMANT Address: Madelyn Shaw, Blythedale, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma metastatic - cervial, axillary nodes — INTERVAL BETWEEN ONSET AND DEATH: 6 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO (b)~~ liver, Gall bladder origin not determined
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 September 17-1959 to Nov. 21-1959 and last saw ~~has~~ him alive on Nov. 21-59
Death occurred at 4:10 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. F. Bray Cr MD
22b. ADDRESS: Bethany, Mo
22c. DATE SIGNED: Nov 23, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov 23, 1959
23c. NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
23d. LOCATION (City, town, or county) (State): Blythedale, Mo

24. FUNERAL DIRECTOR ADDRESS: Gerald W. Boggess Eagleville, Mo
25. DATE RECD. BY LOCAL REG.: 11-23-1959
26. REGISTRAR'S SIGNATURE: Zella Maxey

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

APR 11 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Gerald W. Bogge

Licensed Embalmer No. 4762

P. O. Address Eaglevil

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