URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 11 1960 Registration District No. 4448 297 Primary Registration District No. 6024 4448 Registrar's No. 52

60-012188 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Ray
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lawson
Length of stay in 1b: 5 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St not listed
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Arizona b. COUNTY Pima
c. CITY OR TOWN Tucson
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4412 E 13th St
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOHN Middle JOSEPH Last FITZPATRICK

4. DATE OF DEATH: Month April Day 6 Year 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: April 1-26

9. AGE (last birthday): 34
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): Soldier

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Army

11. BIRTHPLACE (City and State or country): Boston Massachusetts U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME: Thomas Edward Fitzpatrick

13b. MOTHER'S MAIDEN NAME: Agnes Veronica

14. NAME OF HUSBAND OR WIFE: Renate Anna Fitzpatrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 1943 - 1960

16. SOCIAL SECURITY NO. 030-16-1958

17. INFORMANT: ABTRY 5th MSL BN Address: Lawson 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): Suicide by
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hanging
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

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

MEDICAL CERTIFICATION

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 ____, to ____ and last saw her/him alive on ____
Death occurred at about 3:30 A M m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold Thurgood M.D.

22b. ADDRESS: Excelsior Springs, Mo

22c. DATE SIGNED: 4/6/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: April 6 1960

23c. NAME OF CEMETERY OR CREMATORY: Fort Leavenworth

23d. LOCATION (City, town, or county) (State): Fort Leavenworth Kans.

24. FUNERAL DIRECTOR ADDRESS: Jarmon Funeral Home Lawson Mo

25. DATE RECD. BY LOCAL REG.: 4-9-1960

26. REGISTRAR'S SIGNATURE: Mabel Jackson

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

APR 28 1988

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 Lindell Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs

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