

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023161

STATE FILE NUMBER

FILED VS

Register District 1960

149

Primary Registration District No. 1002 Registrar's No. 3072

3072

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 4 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 17 West 65th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Cletus Middle L. Last Fitzgerald				4. DATE OF DEATH Month 6 Day 7 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/25/1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prop. Elec. Supplies		10b. KIND OF BUSINESS OR INDUSTRY Elec. Supplies Co.		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Thomas D. Fitzgerald			13b. MOTHER'S MAIDEN NAME Virginia DeHotre			14. NAME OF HUSBAND OR WIFE Ann Ryan Fitzgerald		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W W I		16. SOCIAL SECURITY NO. 441-19-246A		17. INFORMANT Address Ann Ryan Fitzgerald 17 W. 65th St K.C.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia DUE TO (b) cerebral atrophy DUE TO (c) Cerebral arterio sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)				
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year						
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		COUNTY	STATE	
21. I attended the deceased from April 1960 to 6-7-60 and last saw her him alive on 6-7-60 Death occurred at 7:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) R.K. Skillman M.D.			22b. ADDRESS Kansas City, Mo.			22c. DATE SIGNED 6-8-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-9-1960	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) St. Louis, Missouri				
24. FUNERAL DIRECTOR ADDRESS Melody-McGilley-Eylar 20 W. Linwood K.C.			25. DATE RECD. BY LOCAL REG. 6-8-60		26. REGISTRAR'S SIGNATURE Neva Minshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

R. K. Skillman

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 Wm. H. Gentry

Licensed Embalmer No. 3038

P. O. Address K. G. Mo.

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