ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-017439

STATE FILE NUMBER

RTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

FILED MAY 19 1961 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2258

1. PLACE OF DEATH a. COUNTY	Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Kansas City
Length of stay in 1b	64 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	3323 Holmes
Inside Limits	Yes ☒ No ☐
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE	Missouri
b. COUNTY	Jackson
c. CITY OR TOWN	Kansas City
Inside Limits	Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)	3323 Holmes
Reside on Farm	Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First	GOLDA
Middle	
Last	FITZGERALD
4. DATE OF DEATH Month	May
Day	5,
Year	1961
5. SEX	Female
6. COLOR OR RACE	White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	
8. DATE OF BIRTH	Aug 1,1896
9. AGE (last birthday)	64
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)	Stenographer
10b. KIND OF BUSINESS OR INDUSTRY	Port Huron Co.
11. BIRTHPLACE (City and state or country)	Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY	U.S.A.
13a. FATHER'S NAME	John J. Fitzgerald
13b. MOTHER'S MAIDEN NAME	Rhoda Belle Ingram
14. NAME OF HUSBAND OR WIFE	None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	No
(If yes, give war or dates of service)	- - - - -
17. INFORMANT	Neva Cunningham
Address	3323 Holmes Kansas City, 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 of breast — INTERVAL BETWEEN ONSET AND DEATH: 5 1/2 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

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 Dec 28, 1957, to May 5, 1961 and last saw her/him alive on 4-30-61

Death occurred at 5:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
Martin J. Mueller M.D.	535 Argyle Bldg KC Mo	5-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	5-9-61	Forest Hill Cemetery	Kansas City Missouri

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Freeman Mortuary	Kansas City, Missouri	5-8-61	Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / DOCUMENT / BY AFFIDAVIT OF Martin J. Mueller

MEDICAL CERTIFICATION

Fr. Martin Mueller
Aurora Wisp.

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_____ Signed Walter H. Earwin
Signature of Student Embalmer

Licensed Embalmer No. 4352

P. O. Address K. C. 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.