

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044679

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5993

FILED DEC 18 1961

| | | | | | | | | |
|--|--|---|---|--|--|---|--|-------|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lafayette | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b Two Mos. | c. CITY OR TOWN Lexington | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Beacon Hill Rest Home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 131 S.W. Blvd. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First William Middle A. Last Fitchett | | | 4. DATE OF DEATH Month November Day 23 Year 1961 | | | | | |
| 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 October 4 1880 | 9. AGE (last birthday) 81 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> | | IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/> | |
| 10a. MALE OCCUPATION (Give kind of work done during most of working life even if retired) Farming & Carpenter | | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (City and state or country) Dover, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME G.N. Fitchett | | | 13b. MOTHER'S MAIDEN NAME Fannie Taylor | | 14. NAME OF HUSBAND OR WIFE Ina Kessinger Fitchett | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 17. INFORMANT Address Mrs. Ina Fitchett Lexington, 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) CARDIAC FAILURE | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | DUE TO (b) ARTERIO SCLEROTIC HEART DISEASE | | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 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.) | | | | |
| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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 10/15/61 to 11-23-61 | | | and last saw her/him alive on 10/15/61 | | | Death occurred at 5:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE Mary C. Cortner (Degree or title) | | | 22b. ADDRESS M.B. 4526 Paseo, Kansas City, Mo. | | 22c. DATE SIGNED | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11-25-61 | 23c. NAME OF CEMETERY OR CREMATORY Lexington Cemetery | | 23d. LOCATION (City, town, or county) (State) Lexington, Missouri | | | | |
| 24. FUNERAL DIRECTOR Vaughn-Walker Lexington, Mo. | | | 25. DATE RECD. BY LOCAL REG. 11-29-61 | 26. REGISTRAR'S SIGNATURE Ruth Long | | | | |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Mary C. Cortner**

SHOULD READ

VS DEC 18 1961

Received
11-22-61

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 Paul A. Wilson, Student Embalmer No. 639

working under my personal supervision.

Student Paul A. Wilson
Signature of Student Embalmer

Signed Harold R. Walker

Licensed Embalmer No. 4588

P. O. Address Livingston, Va

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.