

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **6017**

FILED MAR 6 1956

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>St. Francois County</u> <u>Bonne Terre</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Francois</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Missouri</u>		c. LENGTH OF STAY (in this place) c. CITY OR TOWN <u>Bonne Terre</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location) <u>094 1/2</u>				
3. NAME OF DECEASED (Type or Print) <u>Ida Mae Fite</u>		a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-11-56</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1/2/1890</u>		9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. <u>66</u> <u>1</u> <u>9</u> <u>---</u> <u>---</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Forrest City, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>James Thomas Fite</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wesley Fite Bonne Terre, Mo.</u>			
18. CAUSE OF DEATH Enter only one operating line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma of colon</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis, generalized</u> <u>Unknown</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-30</u> , <u>1954</u> , to <u>1-10</u> , <u>1956</u> , that I last saw the deceased alive on <u>1-10</u> , <u>1956</u> , and that death occurred at <u>7:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wesley Fite</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Bonne Terre, Mo.</u>		23c. DATE SIGNED <u>2-14-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 13, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Mem. Park</u>		24d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 14, 1956</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sparks Funeral Home, Bonne Terre, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 6 1958

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.....
Signature of Student Embalmer

Signed *Ewert Spar*.....

Licensed Embalmer No. *428*
P. O. Address *Bonne Lave*.....

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.