

No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20576

National Office of Vital Statistics
FILED JUL 7 1948
Registration District No. 376

Primary Registration District No. 3059

Registrar's No. 208

1. PLACE OF DEATH:

(a) County... *St. Francois*
(b) City or town... *Bonne Terre*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: *310 Center St*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... *Missouri* (b) County... *St. Francois*
(c) City or town... *Bonne Terre* 74
(If outside city or town limits, write "RURAL") 2
(d) Street No... *310 Center*
(If rural, give location)
(e) Citizen of foreign country? *No* (Yes or No) 1
If yes, name country..... 0

3. (a) PRINT FULL NAME *SAMUEL EUGENE FITE*
3. (b) If veteran, name war.....
3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *June* day *12th*
year *1948* hour *8* minute *10 P.M.*
21. I hereby certify that I attended the deceased from *May*
12, 19*48*, to *June 12*, 19*48*.
that I last saw h.i.m. alive on *June 12*, 19*48*.
and that death occurred on the date and hour stated above.

4. Sex *MO* 5. Color or race *W*
6. (a) Single, widowed, married, divorced *Widowed*
(b) Name of husband or wife *Nellie Elizabeth Fite*
6. (c) Age of husband or wife if alive years
7. Birth date of deceased *3 1870*
(Month) (Day) (Year)

Immediate cause of death *Diabetic Coma* 3 days
Due to *Diabetes Mellitus*
Due to *✓*
Other conditions *✓*
(include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
78 5 9 hr. min.

9. Birthplace *Bonne Terre Missouri*
(City, town, or county) (State or foreign country)
10. Usual occupation *Retired*

Major findings:
Of operations *✓*
Of autopsy *✓*
PHYSICIAN
Underline the cause of which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....
12. Name *James M. Fite*
13. Birthplace *Bonne Terre Missouri*
(City, town, or county) (State or foreign country)
14. Maiden name *Mary Jane Moore*
15. Birthplace *Green County Virginia*
(City, town, or county) (State or foreign country)

16. (a) Informant *Thomas Fite*
(b) Address *310 Center Bonne Terre Mo*
17. (a) *Burial* (b) Date thereof *6-16-48*
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation *B.I. Cemetery*
18. (a) Signature of funeral director *Bertram Ruff*
(b) Address *313 Benham Bonne Terre Mo*
19. (a) *6-30-48* (b) *Ether Rudloff*
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) *✓*
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature *[Signature]* (M. D. or other) *G*
Address *11 A Plon & Bonneton signed June 28 1948*

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

RECEIVED

District Health Officer No. 4
Subject File Number 748-861
Date Filed 2-6-48

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 Lin Counts, Registered Apprentice No. 95, working under my personal supervision.

Signed Carroll J. Claywell
Licensed Embalmer No. 3706
P. O. Address Bonneville, 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 this body is not embalmed, fact should be so stated above.