

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

20388

State File No.

BIRTH NO. 36209-49 REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 160

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

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Maryville)		c. CITY (If outside corporate limits, write RURAL and give OR TOWN Maryville)	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) GERALD		b. (Middle) DEAN	
c. (Last) FISHER		4. DATE OF DEATH (Month) (Day) (Year) 6 22 49	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) never married	8. DATE OF BIRTH 6/20/49
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR (Months) 0	IF UNDER 11 HRS. (Days) (Hours) (Min.) 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (State or foreign country) Maryville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Donald Fisher		13b. MOTHER'S MAIDEN NAME Gertrude Ileene Eckstein	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME John Donald Fisher		ADDRESS Maryville, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital atelectasis		INTERVAL BETWEEN ONSET AND DEATH 36 hrs	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity		36 hrs	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7/6/55	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>June 20, 1949</u> to <u>June 22, 1949</u> , that I last saw the deceased alive on <u>June 22, 1949</u> , and that death occurred at <u>A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) B. D. ... M. D.		23b. ADDRESS Maryville, Missouri	
23c. DATE SIGNED 6-23-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/23/49	
24c. NAME OF CEMETERY OR CREMATORY Oak Hill		24d. LOCATION (City, town, or county) (State) Maryville, Missouri	
DATE RECD' BY LOCAL REG. 7-1-49		REGISTRAR'S SIGNATURE Bess Holt	
25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home		ADDRESS Maryville, Mo.	



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Clay M. Price

Licensed Embalmer No.

1822

P. O. Address

Marionville, 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.