

FILED DEC 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40321

BIRTH NO. 78704-49 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 451

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

1. PLACE OF DEATH a. COUNTY Butler County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff		c. LENGTH OF STAY (in this place) 3 days	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harviell		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Ronald	b. (Middle) Wayne	c. (Last) Fisher	4. DATE OF DEATH (Month) (Day) (Year) Nov. 30 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) X A A	8. DATE OF BIRTH Nov. 27, 1949	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months 3	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X. XXXXX	10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXX	11. BIRTHPLACE (State or foreign country) Poplar Bluff, Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Raymond Fisher	13b. MOTHER'S MAIDEN NAME Juanita Acord	14. NAME OF HUSBAND OR WIFE XXXX XX XX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) XXXXXX XXXXXX	16. SOCIAL SECURITY NO. XXXXXXXX	17. INFORMANT'S SIGNATURE OR NAME Raymond Fisher	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhagic disease of New Born		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE C. H. Parker, Jr. M.D.	(Degree or Title)	23b. ADDRESS Poplar Bluff Mo	23c. DATE SIGNED 12/14/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-1-1949	24c. NAME OF CEMETERY OR CREMATORY Kinsey Cemetery	24d. LOCATION (City, town, or county) (State) Harviell Mo.
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DATE REC'D BY LOCAL REG. Dec 10 - 1949	REGISTRAR'S SIGNATURE Wm. H. Johnson	428	25. FUNERAL DIRECTOR'S SIGNATURE Gish Funeral Home	ADDRESS Naylor Mo.
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DEC-13 RECD

1249-448

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

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
Student Embalmer

Signed *Dwight Mc Cord*

Licensed Embalmer No. *4079*

P. O. Address *Hayden, 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.