

FILED FEB 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2088

State File No. ....

BIRTH NO. .... REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Humansville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Humansville</u>	
c. LENGTH OF STAY (In this place) <u>3 mo.</u>		0849	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>Elizabeth C. Fisher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26-1950</u>		
a. (First)		b. (Middle)	c. (Last)		

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>Sept. 27-1884</u>	9. AGE (In years last birthday) <u>65</u>	10. UNDER 1 YEAR Months <u>3</u> Days <u>29</u>	11. UNDER 1 HR. Hours <u></u> Min. <u></u>
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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 (State or foreign country) <u>Hickory Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Blackwell</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Carter</u>	14. NAME OF HUSBAND OR WIFE <u>Oscar Fisher</u>
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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.	17. INFORMANT'S SIGNATURE, OR NAME ADDRESS <u>Oscar Fisher, Humansville, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>4220</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 May, 1948, to Jan 26, 1950, that I last saw the deceased alive on Jan 24, 1950, and that death occurred at 12:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>N. J. Robinson M.D.</u>	23b. ADDRESS <u>Humansville, Mo.</u>	23c. DATE SIGNED <u>1/27/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 29, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Flemington Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Flemington, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 31, 1950</u>	REGISTRAR'S SIGNATURE <u>Ralph Gorden</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>per Jewell ... Humansville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7

District File Number 1-504-

Date Filed 2-7-50

**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.

Signed Wm. H. Northrop

Signed.....  
Student Embalmer

Licensed Embalmer No. 4747

P. O. Address Hiramsville, Ohio

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.