S. No. 300
v. 10.48

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12495

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 55

036 0

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

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Warren
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrenton 1090
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): Herman
b. (Middle):
c. (Last): Fischer

4. DATE OF DEATH (Month) (Day) (Year): April 18, 1950

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Jan. 9, 1876
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR Months: 3 Days: 9 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm owner (retired)
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Germany 4
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Fischer
13b. MOTHER'S MAIDEN NAME: Louise Linke
14. NAME OF HUSBAND OR WIFE: Katherine Fischer, decd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Roy McGee — ADDRESS: Warrenton, Mo.

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, asthenia, 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)	Acute Gangrenous Cholecystitis with rupture of gall bladder	22 days
ANTECEDENT CAUSES — DUE TO (b)	Acute Hepatitis	22 days
DUE TO (c)	Acute peritonitis	10 days
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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): 585A
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 27, 1950, *to* April 18, 1950, *that I last saw the deceased alive on* April 18, 1950, *and that death occurred at* 8:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold Hoelscher, MD
23b. ADDRESS: Warrenton, Mo.
23c. DATE SIGNED: 4-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 4-21-50
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Warrenton Mo.

DATE REC'D BY LOCAL REG.: Apr 20, 1950
REGISTRAR'S SIGNATURE: [signature] 99 0
25. FUNERAL DIRECTOR'S SIGNATURE: F.W.Nieburg & Co. — ADDRESS: Warrenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 22 1950
District Health Officer No. 9,
District File Number _____

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 John J. Thieburg
Licensed Embalmer No. 3897
P. O. Address Warrenton, 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.