

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16386

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4188 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Owensville	c. LENGTH OF STAY (in this place) 4 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Owensville	1370
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) Frank William Fisher			4. DATE OF DEATH (Month) (Day) (Year) April 28, 1950		
a. (First)	b. (Middle)	c. (Last)			

5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 1, 1875	9. AGE (in years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY ***	11. BIRTHPLACE (State or foreign country) Chicago, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Frank F. Fisher	13b. MOTHER'S MAIDEN NAME Mary Houska	14. NAME OF HUSBAND OR WIFE Rose Scego Fisher
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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) NO ***	16. SOCIAL SECURITY NO. ***	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose Fisher	ADDRESS Owensville, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach with generalized metastases		1 yr
	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.		151X

19a. DATE OF OPERATION Sept. 1949	19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach, requiring resection	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 2-10, 1950, to 4-29, 1950, that I last saw the deceased alive on 4-27, 1950, and that death occurred at 10:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Describe or title) Paul A. Bremer, M.D.	23b. ADDRESS Owensville, Mo.	23c. DATE SIGNED 5-2-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-1-1950	24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	24d. LOCATION (City, town, or county) (State) Owensville, Mo.
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DATE REC'D BY LOCAL REG. May 4 1950	REGISTRAR'S SIGNATURE Dorothy Hackman 363	25. FUNERAL DIRECTOR'S SIGNATURE Michael W. H. White	ADDRESS OWENSVILLE
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District File Number \_\_\_\_\_  
District Health Officer No. 9,  
RECEIVED  
MAY 15 1950

**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 \_\_\_\_\_

*Melvin J. H. Winter*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3838

P. O. Address Owensville, 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.