

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003 State File No. 24757
Registrar's No. 5968

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN **ST. Louis**
c. LENGTH OF STAY (in this place) (township) **2 Yrs**
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **2611, North Garrison Avenue**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri**
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) **2611 ST. Louis 220**
d. STREET ADDRESS (If rural, give location) **2611, North Garrison Avenue**

3. NAME OF DECEASED
a. (First) **Bettie** b. (Middle) _____ c. (Last) **Fisher**
4. DATE OF DEATH (Month) (Day) (Year) **7-9th-1950**

5. SEX **Female** 6. COLOR OR RACE **Col** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow** 8. DATE OF BIRTH **2-7th-1880** 9. AGE (In years last birthday) **70** IF UNDER 1 YEAR Months **5** IF UNDER 2 WEEKS Days **2** Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House Wife** 10b. KIND OF BUSINESS OR INDUSTRY **Domestic** 11. BIRTHPLACE (State or foreign country) **Marianna, Phillips Co, Ark** 12. CITIZEN OF WHAT COUNTRY? **U.S.A**

13a. FATHER'S NAME **Samuel Ford** 13b. MOTHER'S MAIDEN NAME **Schollett Jones** 14. NAME OF HUSBAND OR WIFE **Daniel Fisher**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **None** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Alveta Gray** ADDRESS **2611, No. Garrison**

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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **My petechial heart disease**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **not determined**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
18. CAUSE OF DEATH (INTERVAL BETWEEN ONSET AND DEATH) **unknown**

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **443A**

22. I hereby certify that I attended the deceased from **Feb. 24, 1950**, to **July 9, 1951**, that I last saw the deceased alive on **July 8, 1950**, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **L. J. Brooks, M.D.** 23b. ADDRESS **2746 a French Ave.** 23c. DATE SIGNED **July 10, 1950**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **7-12-50** 24c. NAME OF CEMETERY OR CREMATORY **Crowder Cemetery** 24d. LOCATION (City, town, or county) (State) **Cotton Plant Arkansas**

DATE REC'D BY LOCAL REG. **JUL 11 1950** REGISTRAR'S SIGNATURE **J. B. Lasater** 25. FUNERAL DIRECTOR'S SIGNATURE **Estelle G. White** ADDRESS **2616, No. Garrison**

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

Kelly

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

[Handwritten Signature]

Licensed Embalmer No. 54441

P. O. Address 2829 Washington

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.