

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39790**

FILED JAN 11 1951

BIRTH NO. _____		REG. DIST. NO. <b>31</b>		PRIMARY REG. DIST. NO. <b>4040</b>		Registrar's No. <b>37</b>			
1. PLACE OF DEATH a. COUNTY <b>Benton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Benton</b>					
b. CITY OR TOWN <b>Cole Camp</b>		c. LENGTH OF STAY (in this place) <b>6 years</b>		c. CITY OR TOWN <b>Cole Camp</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Never</b>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <b>FREDRICK WILLIAM FISCHER</b>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <b>Dec 30 1950</b>		(Month)		(Day)		(Year)			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>June 9, 1870</b>			
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>21</b>		IF UNDER 4 HRS. Hours <b></b> Min. <b></b>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>			11. BIRTHPLACE (State or foreign country) <b>Cole County</b>			
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>			13a. FATHER'S NAME <b>Ernest Fischer Jr.</b>		13b. MOTHER'S MAIDEN NAME <b>Rosa Probst</b>		14. NAME OF HUSBAND OR WIFE <b>Sophia Fischer</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Sophia Fischer</b> ADDRESS <b>Cole Camp</b>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Embolus</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypostatic Pneumonia</b> DUE TO (c) <b>Senility</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH  <b>332X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>Dec 28, 1950</b> , to <b>Dec 30, 1950</b> , that I last saw the deceased alive on <b>Dec 30, 1950</b> , and that death occurred at <b>6:30 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>G. W. Snowland, M.D.</b>				23b. ADDRESS <b>Cole Camp</b>		23c. DATE SIGNED <b>1-1-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1 Jan 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Lincoln Benton Co. Mo</b>			
DATE REC'D BY LOCAL REG. <b>Dec 31 1950</b>		REGISTRAR'S SIGNATURE <b>E. L. Ewald</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John J. Reese</b>		ADDRESS <b>Lincoln, Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

1-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 1-10-51

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 F. Reser*

Licensed Embalmer No. 4098

P. O. Address *Warsaw*

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.