

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11445**

FILED MAY 9 1951

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 57			
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If legislation: residence before admission) a. STATE Missouri b. COUNTY AUDRAIN					
b. CITY (If outside corporate limits, write RURAL and give township) MEXICO		c. LENGTH OF STAY (in this place) 4 weeks		c. CITY (If outside corporate limits, write RURAL and give township) MEXICO		0043			
d. FULL NAME OF HOSPITAL OR INSTITUTION AUDRAIN COUNTY HOSP				d. STREET ADDRESS (If rural, give location) 1501 NORTH OLIVE					
3. NAME OF DECEASED a. (First) ALMETA			b. (Middle) BLANCHE		c. (Last) FISHER		4. DATE OF DEATH (Month) (Day) (Year) APRIL 27 1951		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG 21 1904		9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) PARIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME CHARLES EDWARD			13b. MOTHER'S MAIDEN NAME MARY K. LINSLEY		14. NAME OF HUSBAND OR WIFE BUDDY FISHER				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 499-24-9245		17. INFORMANT'S SIGNATURE OR NAME Buddy Fisher		ADDRESS Mexico 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiovascular Neurosis - 10 yrs				INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X						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) (Min.)		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 Feb. 13, 1950 to Apr. 27, 1951 , that I last saw the deceased alive on April 27, 1951 , and that death occurred at 10:05 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE M. Hollenbach				23b. ADDRESS Mexico Mo		23c. DATE SIGNED April 30 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-29-51	24c. NAME OF CEMETERY OR CREMATORY East Lawn Memorial		24d. LOCATION (City, town, or county) (State) Mexico, Audrain Mo				
DATE REC'D BY LOCAL REG. April 29-51		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE Chas. Arnold P. McKee		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

0043

Date Received: MAY 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-57-855-
Date Filed: MAY 8 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Charles V. Greening

Signed.....
Student Embalmer

Licensed Embalmer No. 4625

P. O. Address Mexico 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.