S. No. 300
v. 10.48

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

FILED NOV 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34346

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 347

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARK TWAIN BRIDGE APPROACH, MO. SIDE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: MARION
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL 0644
d. STREET ADDRESS (If rural, give location): 207 So 10th St.

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

4. DATE OF DEATH (Month) (Day) (Year): 11 6 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 2-19-1890

9. AGE (In years last birthday): 61 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STATE HIGHWAY DEPT.

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MO.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: P. D. FISHER

13b. MOTHER'S MAIDEN NAME: UNKNOWN.

14. NAME OF HUSBAND OR WIFE: ADA FISHER

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.: 497-01-5029

17. INFORMANT'S SIGNATURE OR NAME: Mrs Ada Fisher — **ADDRESS**: Hannibal, 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis — unknown
DUE TO (c) generalized arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

4201

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?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 1:50 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. Crawford Smith — **(Degree or title)**: Coroner

23b. ADDRESS: Hannibal Mo.

23c. DATE SIGNED: 11-7-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL R

24b. DATE: 11-9-1951

24c. NAME OF CEMETERY OR CREMATORY: St Jude

24d. LOCATION (City, town, or county) (State): MONROE CITY MO

DATE REC'D BY LOCAL REG.: Nov 8 1951

REGISTRAR'S SIGNATURE: H C Fisher Deputy Reg — W E McLuke

25. FUNERAL DIRECTOR'S SIGNATURE: Joseph Clark — **ADDRESS**: Hannibal, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 9 1951
[illegible] CO. HEALTH DEPT.
DATE FILED NOV [illegible] 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 Ralph Clark, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Ralph Clark

Licensed Embalmer No. 4217

P. O. Address Hannibal, 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.