

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1952

BIRTH NO. _____		REG. DIST. NO. 164		PRIMARY REG. DIST. NO. 3032		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Warrensburg, Mo.		c. LENGTH OF STAY (In this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden 0510			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Warrensburg Clinic.				d. STREET ADDRESS (If rural, give location) 6 mi. So. Holden, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Mattie		b. (Middle) Orr		c. (Last) Fisher		4. DATE OF DEATH (Month) (Day) (Year) Jan. 30, 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 3, 1874	
9. AGE (In years last birthday) 77-11-27		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Carroll County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Thomas A. Orr.		13b. MOTHER'S MAIDEN NAME Mildred Cook		14. NAME OF HUSBAND OR WIFE B. F. Fisher, deceased			
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. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Thelma Coleman, Holden, Mo. ADDRESS			
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) - Hepatic Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - Stricture Common Bile Duct DUE TO (c) - Operation - 1934 II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 1-19-52		19b. MAJOR FINDINGS OF OPERATION: Stricture of Common Bile Duct				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (Yes - Is or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 586X			
22. I hereby certify that I attended the deceased from 1-18-52, to Death, 1952, that I last saw the deceased alive on Jan 30, 1952, and that death occurred at 10P m., from the causes and on the date stated above.							
23a. SIGNATURE B. J. M. Kinney MD (Degree or title)				23b. ADDRESS W. Community Mo		23c. DATE SIGNED 2-2-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-1-1952		24c. NAME OF CEMETERY OR CREMATORY Carrollton cemetery		24d. LOCATION (City, town, or county) (State) Carrollton, Missouri	
DATE REC'D BY LOCAL REG. Feb. 2, 1952		REGISTRAR'S SIGNATURE Savannah D. Duffield 147-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. B. CAST HOLDEN MO			

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

RECEIVED  
FEB 5 1952  
JOHNSON COUNTY HEALTH DEPT

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 EBCent.....

Licensed Embalmer No. 4059.....

P. O. Address Holden, 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.