S. No. 300
v. 10.48

AUG 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27195

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 881

1. PLACE OF DEATH
a. COUNTY: Buchanan 0117
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: Henry 64 2nd
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Urich 1
d. STREET ADDRESS (If rural, give location): ---------

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

4. DATE OF DEATH (Month) (Day) (Year): August 16, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: January 21, 1860
9. AGE (In years last birthday): 92 | 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): Ret. Civil Service
10b. KIND OF BUSINESS OR INDUSTRY: not given
11. BIRTHPLACE (State or foreign country): Blairstown, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Cunningham S. Fisher
13b. MOTHER'S MAIDEN NAME: Susan Shobe
14. NAME OF HUSBAND OR WIFE: Sarah O.J. 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.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Joseph L. Fisher St. Joseph, 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) Carcinoma of rt. Kidney

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arterio sclerosis, rt. inguinal Hernia ununited fracture of left femur

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 180 X F
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Urich Henry Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1946 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fall

22. *I hereby certify that I attended the deceased from* 7/1/, 1952, *to* 8/15/, 1952, *that I last saw the deceased alive on* 8/15/, 1952, *and that death occurred at* 3:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph L. Fisher M. D. 0
23b. ADDRESS: 824 Edmond
23c. DATE SIGNED: 8/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: August 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: Urich cemetery
24d. LOCATION (City, town, or county) (State): Urich, Missouri.

DATE REC'D BY LOCAL REG.: Aug 21, 1952
REGISTRAR'S SIGNATURE: Carl C. Castle 446
25. FUNERAL DIRECTOR'S SIGNATURE: Walter Meierhoffer
ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

0934

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 Albert C. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.