

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32390

State File No.

SEP 22 1952

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 215	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Maryville		c. LENGTH OF STAY (In this place) 18 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		0742	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location) 115 South Hester			
3. NAME OF DECEASED (Type or Print) a. (First) CARL		b. (Middle) BEATY		c. (Last) FISHER		4. DATE OF DEATH (Month) (Day) (Year) 9 15 52	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7/10/87	
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Greencastle, Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Oliver Fisher		13b. MOTHER'S MAIDEN NAME Della Beaty		14. NAME OF HUSBAND OR WIFE Nettie Smock Fisher			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 494-12-6357		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Carl B. Fisher, Maryville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X				INTERVAL BETWEEN ONSET AND DEATH 18 hrs	
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) (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 Sept 13, 1952 , to Sept. 15, 1952 , that I last saw the deceased alive on Sept 14, 1952 , and that death occurred at 8 A. m., from the causes and on the date stated above.							
23a. SIGNATURE D. James M. D. (Degree or title)				23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED Sept 16-1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/17/52		24c. NAME OF CEMETERY OR CREMATORY Miriam		24d. LOCATION (City, town, or county) (State) Maryville, Missouri	
DATE REC'D BY LOCAL REG. 9-20-52		REGISTRAR'S SIGNATURE Beas Bolt 229		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

742

APR 9 1953
OCT 16 1952

SEP 22 1952

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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.

Signed Curtis E. Kinley
Student Embalmer

Student Embalmer No. 461

Signed John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.