

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33891

State File No.

FILED SEP 22 1952

BIRTH NO. 66265 REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Emma St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION none			

3. NAME OF DECEASED (Type or Print) a. (First) Donna b. (Middle) Jane c. (Last) Fizer			4. DATE OF DEATH (Month) (Day) (Year) Sept. 16- '52					
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) baby	8. DATE OF BIRTH Aug. 24th 1952	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done the largest part of working life, even if retired) baby		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Marshall, Mo.		12. CITIZEN OF WHAT COUNTRY? U S		

13a. FATHER'S NAME Donald T. Fizer		13b. MOTHER'S MAIDEN NAME Mary Jane Wykoff		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Donald T. Fizer ADDRESS Slater, 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) <u>Micromeningocele.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hydrocephalus.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 752X		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) m.		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 Aug. 24, 1952, to Sept 13, 1952, that I last saw the deceased alive on Sept 13, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>306 N. Main St. Slater, Mo.</u>		23c. DATE SIGNED <u>9/16/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE <u>9/17/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Slater, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>9/18/52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Phelps</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hill Brothers</u> ADDRESS <u>Slater Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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,

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Sam M Hill

Licensed Embalmer No. 1292

P. O. Address State 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.