

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41224

State File No.

0970

FILED NOV 18 1952

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6082 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. Slater</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. Slater</u>	
c. LENGTH OF STAY (In this place) <u>88 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Spangler</u> c. (Last) <u>Fizer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15-1952</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>July, 25-1884</u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR (Month) (Day) (Year) <u>3 20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Saline County, Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>US</u>	

13a. FATHER'S NAME <u>Sam Fizer</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Mayfield</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Fizer</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ethel Fizer R.F.D Slater</u>	
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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) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-Vascular Disease</u> DUE TO (c) <u>Coronary Insufficiency</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4261</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)		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 11/3, 1952, to 11/13, 1952, that I last saw the deceased alive on 11/13/52, 1952, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. Nelson Duvarc, M.D.</u> (Degree or title)		23b. ADDRESS <u>306 N. Main St. Slater, Mo.</u>		23c. DATE SIGNED <u>11/15/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/18/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Slater City</u>		24d. LOCATION (City, town, or county) (State) <u>Slater Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>11/18/52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Earl C. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hill Brothers Slater, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed A. C. Hill.....

Licensed Embalmer No. 3090.....

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.

Handwritten signature: Hill