

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

746

State File No.

No. 300
10.48 FILED JAN. 15 1953

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 14

264
1

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> <u>0264</u>	
c. LENGTH OF STAY (in this place) <u>50yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1107 East Dunklin Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1107 East Dunklin Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Martin</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Fischer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 9 1953</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>Sept-25-1898</u>		9. AGE (In years last birthday) <u>54</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
11. IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>			

13a. FATHER'S NAME <u>Henry Fischer</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Frits</u>		14. NAME OF HUSBAND OR WIFE <u>Dolly Fischer</u>	
---	--	--	--	--	--

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>190-09-7686</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dolly Fischer, Jefferson City, Mo.</u>	
--	--	--	--	---	--

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>13 mo</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery disease</u>		ANTECEDENT CAUSES					
		DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS				4201	
		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Jefferson City Cole Mo.</u>	
--	--	--	--	--	--

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 AND INJURY OCCURRED	
--	--	--	--	------------------------------	--

22. I hereby certify that I attended the deceased from Dec, 1951, to Jan, 1953, that I last saw the deceased alive on 11/9/53, 1953, and that death occurred at 11:42 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward Tucker M.D.</u>		23b. ADDRESS <u>Jefferson City Mo</u>		23c. DATE SIGNED <u>1/13/53</u>	
--	--	---------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan-11-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u>	
---	--	------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>Jan 13 1953</u>		REGISTRAR'S SIGNATURE <u>R.P. Darris M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.R. Boyd J. Jordan Jefferson City, Mo</u>	
---	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

JAN 21 1953

JAN 15 1953

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 *Robert J. Gordon*
Licensed Embalmer No. *1786*

P. O. Address *Jefferson City 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.