

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.48

FILED MAR 24 1953

BIRTH NO. _____		REG. DIST. NO. <u>292</u>		PRIMARY REG. DIST. NO. <u>6001</u>		Registrar's No. <u>8</u>		
1. PLACE OF DEATH a. COUNTY <u>RALL'S</u> <u>0879</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>RALLS</u> <u>1891</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Saline Township.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Saline Township.</u>		d. STREET ADDRESS (If rural, give location) <u>HUNTINGTON</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HUNTINGTON</u>				d. STREET ADDRESS (If rural, give location) <u>HUNTINGTON</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELEN</u> c. (Last) <u>FISHER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 4 1953</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MARCH 17 1870</u>		
9. AGE (In years) <u>82</u> If under 1 year: Months <u>11</u> Days <u>25</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rockford, Illinois</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>LONERGAN</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>G.W. FISHER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Max Tierske</u>		ADDRESS <u>Summit 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>4 da.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>191X</u>					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)		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 <u>3/4</u> , 19 <u>53</u> , to <u>3/4</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3/4</u> , 19 <u>53</u> , and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>J. J. Hill M.D.</u>				23b. ADDRESS <u>Palmyra Mo</u>		23c. DATE SIGNED <u>3/11/53</u>		
24. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-5-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JUDES CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MONROE CITY, Mo</u>		
DATE REC'D BY LOCAL REG. <u>5/18/53</u>		REGISTRAR'S SIGNATURE <u>Olyvia</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON & SON</u>		ADDRESS <u>MONROE CITY, Mo.</u>		

MAR. 24. 1958

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lester L. Hilary

Licensed Embalmer No. 3014

P. O. Address Stennis City, Miss

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.