

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18992

State File No. ....

BIRTH NO. .... REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3056 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>19 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		d. STREET ADDRESS (If rural, give location) <u>512 S. 4<sup>th</sup> St</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>			d. STREET ADDRESS		

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>MADISON</u> c. (Last) <u>FIFER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May - 22 - 1953</u>		
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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>April - 11 - 1884</u>	9. AGE (In years) (Months) (Days) <u>69</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Business</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Life Ins.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Randolph Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Walter D. Fifer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary D. Payton</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Fifer</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>1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie L. Fifer</u>		ADDRESS <u>Moberly Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SUBARACHNOID HEMORRHAGE</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIAL HYPERTENSION</u>				<u>1 year</u>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(1) BENIGN HYPERTROPHY OF PROSTATE (2) POLYPOSIS OF COLON</u>				<u>UNKNOWN</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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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? <u>330X</u>	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 12:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clarence Claps</u>		(Degree or title)		23b. ADDRESS <u>Moberly Mo.</u>		23c. DATE SIGNED <u>May 22-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 24-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parkland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>	
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DATE REC'D BY LOCAL REG. <u>May 24-53</u>		REGISTRAR'S SIGNATURE <u>Caroline Lane</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Snow Funeral Home</u>		ADDRESS <u>Moberly Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

883

FILE MAY 25 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 \_\_\_\_\_

*R. M. Carter*

Licensed Embalmer No. 4117

P. O. Address Moherly 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.