

STANDARD CERTIFICATE OF DEATH

21555

State File No.

FILED JUN 23 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1062 Registrar's No. 2703

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Kansas</u> c. LENGTH OF STAY (In this place) <u>4 Days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hosp.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne</u> 1001 d. STREET ADDRESS (If rural, give location) <u>Norborne Missouri</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lila</u> b. (Middle) <u>Mae</u> c. (Last) <u>Fisher</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 53</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Danville ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Henery Funk</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			
14. NAME OF HUSBAND OR WIFE <u>John Fisher</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>			
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jerry Fisher Norborne Mo.</u>			
MEDICAL CERTIFICATION					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u> ANTECEDENT CAUSES <u>n.m.o.</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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. <u>Arteriosclerotic heart disease with congenital heart failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u> <u>156 h.</u> <u>1 yr</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
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>May 22, 1953</u> to <u>May 26, 1953</u> that I last saw the deceased alive on <u>May 26, 1953</u> and that death occurred at <u>4 p.m.</u>, from the causes and on the date stated above. 					
23a. SIGNATURE <u>M.G. Berry MD</u>		23b. ADDRESS <u>315 Nichols Rd. Kansas City</u>			
23c. DATE SIGNED <u>May 26, 53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5/26/53</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Norborne Missouri</u>			
DATE REC'D BY LOCAL REG. <u>5-27-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>			
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earp & Sons Kansas City, Mo.</u>					

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

3243

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.