

STANDARD CERTIFICATE OF DEATH

State File No. **38712**

FILED DEC 3 - 1953

BIRTH NO.		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>4184</u>		Registrar's No. <u>27</u>									
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)											
a. COUNTY <u>Franklin</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gerald Moore</u>		c. LENGTH OF STAY (in this place) <u>75 yrs</u>		a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Her Home Gerald Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gerald Mo</u>		d. STREET ADDRESS (If rural, give location)		0 36? 0									
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Ada Julia Ann</u>			b. (Middle) <u>Fische</u>			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>11 25-1953</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>May 25-1870</u>		9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>6</u> Days		IF UNDER 1 HR. Hours <u></u> Min.			
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>Housewife</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Union Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Henry Seckers</u>				13b. MOTHER'S MAIDEN NAME <u>Louise Stump</u>				14. NAME OF HUSBAND OR WIFE <u>B. H. Fische</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) (If yes, give war or date of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Clara Fische</u>				ADDRESS <u>42 Forest Hill</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u>											
				ANTECEDENT CAUSES											
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.											
				DUE TO (b) <u></u>											
				DUE TO (c) <u></u>											
				II. OTHER SIGNIFICANT CONDITIONS											
				Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION <u>July - 53</u>				19b. MAJOR FINDINGS OF OPERATION <u>a growth in Cerebrum of Stomach obstructing the Foreman and 9 Epitrochlear</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>11</u> , 19 <u>52</u> , to <u>11-24</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-24</u> , 19 <u>53</u> , and that death occurred at <u>2:17</u> m., from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) <u>Gerald Mo</u>								23b. ADDRESS <u>Gerald Mo</u>				23c. DATE SIGNED <u>11-25-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>11-28-53</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Schmidt</u>				24d. LOCATION (City, town, or county) (State) <u>RR7 Sullivan Franklin Mo</u>			
DATE REC'D BY LOCAL REG. <u>11-26-53</u>				REGISTRAR'S SIGNATURE <u>H. K. Matthews</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Meyer</u>				ADDRESS <u>Gerald Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0360

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.

Signed _____

Stanley E. Meyer

Student

Student Embalmer

Licensed Embalmer No. 4639

P. O. Address Grass Pt.

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.