No. 300
10.48

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 146

BIRTH NO. FILED JAN 18 1954 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 18

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

**1. PLACE OF DEATH**
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (in this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 28 Worley St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN: Columbia
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 28 Worley St. 0105 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): FRANCIS
b. (Middle):
c. (Last): FISHER

**4. DATE OF DEATH** (Month) (Day) (Year): Jan. 11th 1954

**5. SEX**: Female 3
**6. COLOR OR RACE**: Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Dec. 12-1893
**9. AGE** (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Maid
**10b. KIND OF BUSINESS OR INDUSTRY**: School
**11. BIRTHPLACE** (City and State or Foreign Country): Slater Mo
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Francis Wright
**13b. MOTHER'S MAIDEN NAME**: Ella Hawkins
**14. NAME OF HUSBAND ~~OR WIFE~~**: Clarence Fisher

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME**: Clarence Fisher, Columbia Mo. — ADDRESS

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of the stomach — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c): 151 X

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death*: Generalized metastases

**19a. DATE OF OPERATION**: 11-13-53
**19b. MAJOR FINDINGS OF OPERATION**: Carcinoma of the stomach
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 5 Nov, 1953 *to* 11 Jan, 1954, *that I last saw the deceased alive on* 11 Jan, 1954, *and that death occurred at* 7 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): M. Eugene Wendenburg M.D.
**23b. ADDRESS**: Columbia Mo
**23c. DATE SIGNED**: 1-14-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Jan. 15-1954
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary
**24d. LOCATION** (City, town, or county) (State): Columbia Mo.

**DATE REC'D BY LOCAL REG.**: Jan. 14 1954
**REGISTRAR'S SIGNATURE**: Mrs R. E. Palmer 31-0
**25. FUNERAL DIRECTOR'S SIGNATURE**: Stream F. Parker, Columbia Mo. — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stuart P. Parker

Licensed Embalmer No 290

P. O. Address Columb

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.