

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

**2132**

State File No. \_\_\_\_\_

**FILED JAN 27 1954**

BIRTH NO. \_\_\_\_\_

REG. DIST. NO. 234

PRIMARY REG. DIST. NO. 4349

Registrar's No. 1

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>MORGAN</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STOVER</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STOVER</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>STOVER MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STOVER MO</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>HENRY</u>			JAN. 19 1954		
b. (Middle) <u>A</u>					
c. (Last) <u>FISCHER</u>					
<b>5. SEX</b>		<b>6. COLOR OR RACE</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)	
<u>MALE</u>		<u>WHITE</u>		<u>NEVER MARRIED</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during previous working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>8. DATE OF BIRTH</b>	
<u>FARM</u>		<u>FARM</u>		<u>OCT. 4 1872</u>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country)				<b>9. AGE</b> (In years if under 1 year last birthday) Months Days Hours Min.	
<u>STOVER MO.</u>				<u>87</u> <u>3</u> <u>15</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b>					
<u>U.S.</u>					

<b>13a. FATHER'S NAME</b>		<b>13b. MOTHER'S MAIDEN NAME</b>		<b>14. NAME OF HUSBAND OR WIFE</b>	
<u>HENRY FISCHER</u>		<u>MATTIE MEYER</u>		<u>NONE</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b>	
<u>NO</u>		<u>NONE</u>		<u>MRS. HENRY BRUNJES STOVER MO.</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Granuloma ad debilitation</u>		<b>DUPLICATE</b>			
<b>ANTECEDENT CAUSES</b> As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>DUPLICATE</b>			
<b>DUPLICATE</b>		<b>DUPLICATE</b>			
<b>DUPLICATE</b>		<b>DUPLICATE</b>			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>DUPLICATE</b>		<u>several years.</u>	

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b>	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
				<u>191X</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from August 22, 1952, to Jan 19, 1954, that I last saw the deceased alive on Jan. 19, 1954, and that death occurred at 9 P. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title)		<b>23b. ADDRESS</b>		<b>23c. DATE SIGNED</b>	
<u>Thomas P. Woodcock</u>		<u>Stover, Missouri</u>		<u>Jan. 20, 1954</u>	

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)		<b>24b. DATE</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b>		<b>24d. LOCATION</b> (City, town, or county) (State)	
<u>BURIAL</u>		<u>JAN 22 1954</u>		<u>STOVER CEMETERY</u>		<u>STOVER MISSOURI</u>	

<b>DATE REC'D BY LOCAL REG.</b>		<b>REGISTRAR'S SIGNATURE</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b>		<b>ADDRESS</b>	
<u>Jan 28 1954</u>		<u>Thos L. Ripberger</u>		<u>J. Stevenson</u>		<u>Stover Mo</u>	

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

No. 300  
10-48

**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 \_\_\_\_\_

*J. L. Stevenson*

Licensed Embalmer No. 4673

P. O. Address Stover 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.