

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3682

State File No. ....

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6141 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Shelby 1020		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) Lakenan Jackson Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lakenan Jackson Twp	
c. LENGTH OF STAY (In this place) 10 Months		d. STREET ADDRESS (If rural, give location) 1020	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Eulalia b. (Middle) - - - - c. (Last) Fisher			4. DATE OF DEATH (Month) (Day) (Year) Feb. 7, 1954		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2 March 11, 1870	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Milo, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Orange Haskins		13b. MOTHER'S MAIDEN NAME Mary Eliz. Warren		14. NAME OF HUSBAND OR WIFE Robert Fisher			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Etta Courtney, Lakenan, Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH Feb 4-7	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive pneumonia		DUE TO (b) Carcinoma of uterus		DUE TO (c)		Do not know	
		ANTECEDENT CAUSES		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 174X	
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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?	
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22. I hereby certify that I attended the deceased from Nov 7, 1953, to Feb 7, 1954, that I last saw the deceased alive on Feb 7, 1954, and that death occurred at 2:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE Gladys Bauer (Degree or title) D.D.		23b. ADDRESS Shelbina, Missouri		23c. DATE SIGNED Feb. 8, 1954	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/9/54		24c. NAME OF CEMETERY OR CREMATORY Shelbina Cemetery		24d. LOCATION (City, town, or county) (State) Shelbina, Missouri	
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DATE REC'D BY LOCAL REG. 2-10-54		REGISTRAR'S SIGNATURE Ada Garrison 419		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. Hayes Shelbina, Missouri			
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Paul E. Hayes*

Signed.....  
Student Embalmer

Licensed Embalmer No..... *4461*

P. O. Address *Shelburne, 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.