

No. 300  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16910

FILED JUN 9 1954

State File No. 2971  
REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 744 445

1. PLACE OF DEATH a. COUNTY <i>Dalk</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Dalk</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Baliviar</i>	c. LENGTH OF STAY (in this place) <i>59 yrs.</i>	c. CITY OR TOWN <i>Baliviar</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>9 mi. S.E. of Baliviar</i>		e. STREET ADDRESS (If rural, give location) <i>9 mi. S.E. of Baliviar</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Mary</i> b. (Middle) <i>Marie</i> c. (Last) <i>Fisher</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 24 1954</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>Widowed</i>	8. DATE OF BIRTH <i>Nov 22 1863</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housework</i>	9. AGE (in years last birthday) <i>90</i>
11. BIRTHPLACE (City and State or Foreign Country) <i>Carrollton Ill</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Theodore Kilmer</i>		13b. MOTHER'S MAIDEN NAME <i>Emma Handwerker</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Fred Fisher</i> ADDRESS <i>Baliviar Mo</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>acute heart failure</i>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Hypertensive Nephritis</i>			
DUE TO (c)			
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 <i>443X</i>	
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) (Min.)	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 <i>April 1954</i> , to <i>May 24, 1954</i> , that I last saw the deceased alive on <i>May 1, 1954</i> , and that death occurred at <i>2:00 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Dr. McCraw</i>		23b. ADDRESS <i>Baliviar Mo</i>	
23c. DATE SIGNED <i>5/25/54</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>May 26/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Slagle Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>South of Baliviar Mo</i>
DATE REC'D BY LOCAL REG. <i>June 3, 1954</i>	REGISTRAR'S SIGNATURE <i>Ralph Gordon</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Jewell C. Green</i>	ADDRESS <i>Blue Baliviar Mo</i>

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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.....  
Signature of Student Embalmer

Signed.....

*Oby J. Ester*

Licensed Embalmer No.....411

P. O. Address *Belvia*

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

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