

FILED JUL 1 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. **19615**

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **4310** Registrar's No. **248**

0610

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

1. PLACE OF DEATH a. COUNTY Mason		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Mason	
b. CITY (If outside corporate limits, write RURAL and give township) Bever		c. CITY (If outside corporate limits, write RURAL and give township) Bever	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0610	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. ADDRESS 0	

3. NAME OF DECEASED (Type or Print) a. (First) Charlie b. (Middle) B c. (Last) Fisher			4. DATE OF DEATH (Month) (Day) (Year) 6-14-54		
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 12-5-56		9. AGE (In years last birthday) 57		10. IF UNDER 1 YEAR Days 0 IF UNDER 24 HRS. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wreckman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo	
12. CITIZEN OF WHAT COUNTRY US					

13a. FATHER'S NAME Bernard Fisher		13b. MOTHER'S MAIDEN NAME May Alice Farndee		14. NAME OF HUSBAND OR WIFE Ruth Fisher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-22-7346		17. INFORMANT'S SIGNATURE OR NAME Ruth Fisher ADDRESS Bever Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Kidney Insufficiency Uremia		DUPLICATE OF (b) Bilateral severe NOT T.B.				2 mo	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Pulmonary Inflammation				4 years	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

18a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 603X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **June 1950**, to **14-June, 1954**, that I last saw the deceased alive on **13 June, 1954** and that death occurred at **1:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Donald E. Eggleston MD		23b. ADDRESS Mason, Missouri		23c. DATE SIGNED 16 June 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6-26-54		24c. NAME OF CEMETERY OR CREMATORY West Oakwood Cem	
24d. LOCATION (City, town, or county) (State) Bever Mo		25. FUNERAL DIRECTOR'S SIGNATURE Ruth M. Neely ADDRESS 185 E. Edwards Bever Mo			
DATE REC'D BY LOCAL REG. 6/24/54		REGISTRAR'S SIGNATURE			

RECEIVED 6.28.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 6-54108
Date Filed 6.30.54

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 W. E. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier, 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.