

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 25 1955

State File No. 1440

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1440

1. PLACE OF DEATH
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

c. LENGTH OF STAY (In this place) **10 yrs**

c. CITY OR TOWN **Kansas City**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **1821 Highland Hotel**

STREET ADDRESS (If rural, give location) **2001 Wabash**

3. NAME OF DECEASED (Type or Print)
a. (First) **Charles** b. (Middle) **W.** c. (Last) **Fisher**

4. DATE OF DEATH (Month) (Day) (Year) **March 30, 1955**

5. SEX **male**

6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Sept. 17, 1921**

9. AGE (In years last birthday) **33** 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) **waiter**

10b. KIND OF BUSINESS OR INDUSTRY **Burlington Railroad**

11. BIRTHPLACE (City and State or Foreign Country) **Evansville, Indiana**

12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **George Fisher**

13b. MOTHER'S MAIDEN NAME **Bessie Anderson**

14. NAME OF HUSBAND OR WIFE **Gladys R. 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. **710-09-2640**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Gladys R. Fisher 2001 Wabash**

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) **Gunshot of Skull**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Penetrating Brain Tissue**
DUE TO (c) **Hemorrhage of Brain**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

E97-1

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **suicide**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **1821 Highland**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Kansas City Jackson MO**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Mar 30 1955 3:30**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **Self Inflicted**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Deputy coroner** (Degree or title)

23b. ADDRESS **1618 Lydia Ave**

23c. DATE SIGNED **3/31/55**

24a. BURIAL CREMATION (Specify) **buried**

24b. DATE **April 1, 1955**

24c. NAME OF CEMETERY OR CREMATORY **Highland**

24d. LOCATION (City, town, or county) (State) **Kansas City Mo.**

DATE REC'D BY LOCAL REG. **3-31-55** REGISTRAR'S SIGNATURE **Neva Minshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Watters Bros. Funeral Home 1600 Stanton**

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

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.....
Signature of Student Embalmer

Signed *Bruce A. Watkins*.....

Licensed Embalmer No... *450*

P. O. Address *18th Ave*.....

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.