

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17981**

**5192**

FILED JUN 20 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **55** PRIMARY REG. DIST. NO. ~~55~~ Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Mo.</b> b. COUNTY <b>Carroll</b>	
b. CITY, OR TOWN <b>Rural "Combs" township</b>		c. CITY OR TOWN <b>Rural</b>	
c. LENGTH OF STAY (in this place)		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 <b>4 mi. E. of Carrollton</b>			
• STREET ADDRESS		(If rural, give location)	
<b>4 mi. E. of Carrollton</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>LOUISE</b> b. (Middle) <b>MARIE</b> c. (Last) <b>FISCHER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 14 1955</b>
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5. SEX <b>Fe!</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Nov. 1 1880</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Alton, Ill.</b>	12. CITIZENSHIP OF WHAT COUNTRY <b>U.S.A.</b>	Months	Days
			Hours	Min.		

13a. FATHER'S NAME <b>William Diets</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline Goedeke</b>	14. NAME OF HUSBAND OR WIFE <b>Andy Fischer</b>
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15. WAS DECEASED EVER IN U.S. ARMY OR FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Andy Fischer</b>	ADDRESS <b>Carrollton Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Jan. 5. Infinitive</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>old age</b>		
	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) <b>794 X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 **Jan 5, 1955**, to **June 14, 1955** that I last saw the deceased alive on **June 10, 1955**, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. Hamilton</b>	(Degree or title)	23b. ADDRESS <b>Carrollton Mo.</b>	23c. DATE SIGNED <b>June 17, 1955</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 17, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Carrollton Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6/17/55</b>	REGISTRAR'S SIGNATURE <b>Mr. Herbert C. Over</b>	45	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stanley D. Gibson</b>	ADDRESS <b>Carrollton Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

JUN 21 1956

**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... *Ben W Gibson* .....

Licensed Embalmer No. *296* .....

P. O. Address *Carrollton* .....

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.