

FILED AUG 1 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 21389

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 294

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived, or institution of residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neely Landing</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>0161</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) — c. (Last) FISCHER 4. DATE OF DEATH (Month) (Day) (Year) July 22, 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH May 8, 1879 9. AGE (In years last birthday) 76 10 UNDER 1 YEAR — 11 UNDER 1 MRS. — Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Neely Landing Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME  Miles McLeod  13b. MOTHER'S MAIDEN NAME  Bettie Stiff  14. NAME OF HUSBAND OR WIFE  Joseph Fischer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or date of service) none 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME  Edith Rockenberry  ADDRESS  Neely Landing Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral thrombosis INTERVAL BETWEEN ONSET AND DEATH 3 days  
\* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Asteroid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arteriosclerotic Cardiovascular Disease  
DUE TO (c) Carcinoma, right breast  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Endometrial Carcinoma

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 4221H 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from July 17, 1952, to July 22, 1955, that I last saw the deceased alive on July 23, 1955, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. H. Trolinger, M.D. 23b. ADDRESS J. H. JACKSON, MISSOURI 23c. DATE SIGNED 7/23/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE July 24, 1955 24c. NAME OF CEMETERY OR CREMATORY Memorial Park 24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo

DATE REC'D BY LOCAL REG 7-26-55 REGISTRAR'S SIGNATURE C. C. Summers 25. FUNERAL DIRECTOR'S SIGNATURE Miller ADDRESS Jackson Mo.

WRITE PLAINLY—USING UNFADING 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-----

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Gene C. Crawford*

Licensed Embalmer No. *4329*

P. O. Address *San Juan, P.R.*

**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.