

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36340**

BIRTH NO.		REG. DIST. NO. 77	PRIMARY REG. DIST. NO. 3016	Registrar's No. 350
1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. -LENGTH OF STAY (in this place) 3 days	c. -CITY OR TOWN Jefferson City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St, Mary's Hospital		e. -STREET ADDRESS (If rural, give location) R. R. #5 02601		
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth		b. (Middle) ---	c. (Last) Vick	4. DATE OF DEATH (Month) Dec. 7 (Day) 1955 (Year)
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb. 7, 1874	9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Cole County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Frederick Fischer		13b. MOTHER'S MAIDEN NAME Katherine Nieghorn	14. NAME OF HUSBAND OR WIFE August Vick	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mathilda Fischer R.R.#5 Jeff. City	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, lobar ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of femur DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 5 days 6 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) m.	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 12/7, 1955 to 12/7, 1955 , that I last saw the deceased alive on 12/7/55 , 19 55 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Mathilda Fischer MA		23b. ADDRESS R.R.#5	23c. DATE SIGNED 12-7-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 10-55	24c. NAME OF CEMETERY OR CREMATORY Zion Lutheran Cem.	24d. LOCATION (City, town, or county) (State) R.R.#5 Jefferson City, Mo.	
DATE REC'D BY LOCAL REG. 7 Dec 1955	REGISTRAR'S SIGNATURE R.P. Davis MA	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Joseph J. Kuhn Jefferson City, Mo.		

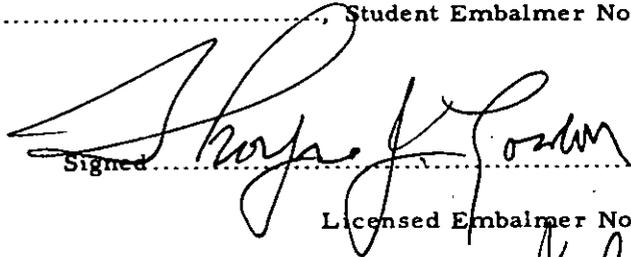
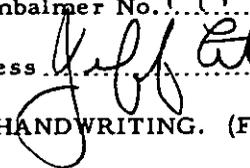
(Licensed Embalmer's Statement on Reverse Side)

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
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 1980
P. O. Address 

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.