

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41409**

BIRTH NO. _____		REG. DIST. NO. 228		PRIMARY REG. DIST. NO. 5808		Registrar's No. 10		
1. PLACE OF DEATH a. COUNTY MONTGOMERY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY MONTGOMERY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BEARCREEK		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BEARCREEK MO		d. STREET ADDRESS (If rural, give location) 5 miles North of Jonesburg		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. FULL NAME OF HOSPITAL OR INSTITUTION				
3. NAME OF DECEASED (Type or Print) a. (First) ERNST b. (Middle) FREDERICK c. (Last) FISCHER			4. DATE OF DEATH (Month) (Day) (Year) Dec 16 55					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Dec 29 1886		
9. AGE (In years last birthday) 68		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) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jonesburg MO		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Henry Fischer			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Marie Fischer ADDRESS Jonesburg MO			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Distention B. Ventricle ANTECEDENT CAUSES DUE TO (b) Heart Morbid conditions, if any, giving rise to the above cause, (a), stating the underlying cause last. DUE TO (c) Carcinoma of prostate Generalized Carcinoma II. OTHER SIGNIFICANT CONDITIONS- Bones Conditions contributing to the death but not related to the disease or condition causing death. 1.77x					INTERVAL BETWEEN ONSET AND DEATH Sudden 2 yrs. 1 yr.	
19a. DATE OF OPERATION 1954		19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 Oct 15 , 19 52 , to Dec 16 , 19 55 , that I last saw the deceased alive on Dec 12 , 19 55 , and that death occurred at 2 p. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) James O. Helm, M.D.				23b. ADDRESS New Florence MO		23c. DATE SIGNED 12-16-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 18/55		24c. NAME OF CEMETERY OR CREMATORY Jonesburg		24d. LOCATION (City, town, or county) (State) Jonesburg MO		
DATE REC'D BY LOCAL REG. Dec 22 1955		REGISTRAR'S SIGNATURE Laura B Callaway		500		25. GENERAL DIRECTOR'S SIGNATURE Carl Harding ADDRESS Jonesburg MO		

(Licensed Embalmers-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
Student Embalmer

Signed _____

Licensed Embalmer No. 4115

P. O. Address Greensburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.