

FILED APR. 30-1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15382**

BIRTH NO. _____		REG. DIST. NO. 373		PRIMARY REG. DIST. NO. 6265		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY WEBSTER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WEBSTER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL GRANT		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN MARSHFIELD		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ENROUTE TO HOSPITAL				e. STREET ADDRESS (If rural, give location) 1120			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) EYERETT c. (Last) FISHER			4. DATE OF DEATH (Month) (Day) (Year) APR 15 1956				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT. 7, 1877	
9. AGE (In years last birthday) 78		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET PIPEFITTER		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 78	
11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME GEORGE FISHER			13b. MOTHER'S MAIDEN NAME MARY BIRDSEAL		14. NAME OF HUSBAND OR WIFE MAUDE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MAUDE FISHER MARSHFIELD			
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) CIRCULATORY FAILURE & PULMONARY EDEMA					INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) UREMIA DUE TO (c) PROSTATIC HYPERTROPHY					
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 610X				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) 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 4-4, 1956 , to 4-15, 1956 , that I last saw the deceased alive on 4-15, 1956 , and that death occurred at 6:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS Marshfield, Mo.		23c. DATE SIGNED 4/26/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-17-1956		24c. NAME OF CEMETERY OR CREMATORY MARSHFIELD		24d. LOCATION (City, town, or county) (State) MARSHFIELD MO	
DATE REC'D BY LOCAL REG. 3/23/56		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R.W. BARBER MARSHFIELD 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 em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *George S. Stapf*

Licensed Embalmer No. 31

P. O. Address *Mt. St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.