

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15741**BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **293**

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Union						
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (In this place) 4 wks		c. CITY (If outside corporate limits, write RURAL and give township) Rural		8				
d. FULL NAME OF HOSPITAL OR INSTITUTION Cape Osteopathic Hospi.				d. STREET ADDRESS (If rural, give location) Road district 1A.						
3. NAME OF DECEASED (Type or Print) a. (First) Addie b. (Middle) --- c. (Last) Fisher			4. DATE OF DEATH (Month) (Day) (Year) May 20 1956							
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH May 26-1882		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.	
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 (State or foreign country) Union Co. Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Lee Fisher (deceased)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Carl Fisher					ADDRESS Dongola, Ill	
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) Hypostatic pneumonia.							INTERVAL BETWEEN ONSET AND DEATH 3da.		
	ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial degeneration.									
	DUE TO (c) Arteriosclerosis.									
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage.							5 days.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221							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 4/20 , 19 56 , to 5/20 , 19 56 , that I last saw the deceased alive on 5/20 , 19 56 , and that death occurred at 5:35a.m. , from the causes and on the date stated above.										
23a. SIGNATURE P. N. Higgins				(Degree or title) D.O. Cape Osteopathic Hospital			23b. ADDRESS Dongola, Ill.		23c. DATE SIGNED 5/23/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 22 1956	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Ceme.		24d. LOCATION (City, town, or county) (State) Dongola, Ill.					
DATE REC'D BY LOCAL REG. 5-26-56		REGISTRAR'S SIGNATURE C. C. Summers			25. FUNERAL DIRECTOR'S SIGNATURE Joe Folt		ADDRESS Dongola, Ill.			

(Licensed Embalmer's Statement on Reverse Side)

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 William E. Free

Licensed Embalmer No. 4733

P. O. Address Cape Girardeau

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

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