

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26142

State File No. \_\_\_\_\_  
REGISTRAR'S No. \_\_\_\_\_

FILED SEP 10 1956

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| BIRTH NO. _____  |  | REG. DIST. NO. _____   |  | PRIMARY REG. DIST. NO. _____   |  | State File No. _____  |  | REGISTRAR'S No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>Buchanan</b> |  |   |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Marion Twp.</b> )  |  | c. LENGTH OF STAY (in this place) <b>life</b>  |  | c. CITY OR TOWN <b>Easton</b>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>9 miles N.E. of St. Joseph RR #2 Easton</b>   |  |  |  | e. STREET ADDRESS (If rural, give location) <b>R. R. #2</b>  |  | 0110  |  |  |  |
| 3. NAME OF DECEASED (Type or Print) <b>SYLVIA</b>  |  | a. (First) <b>SYLVIA</b>   |  | b. (Middle) <b>M.</b>  |  | c. (Last) <b>FISHER</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 3, 1956</b>                       |  |
| 5. SEX <b>female</b>   |  | 6. COLOR OR RACE <b>white</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>  |  | 8. DATE OF BIRTH <b>Feb. 3, 1891</b>  |  | 9. AGE (In years last birthday) <b>65</b>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Easton, Missouri</b>   |  |   |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |  |
| 13a. FATHER'S NAME <b>Harvey Kerns</b>   |  |  | 13b. MOTHER'S MAIDEN NAME <b>Ida Kerns (Correct)</b> |  |  | 14. NAME OF HUSBAND OR WIFE <b>Jacob A. Fisher</b>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>  |  | 16. SOCIAL SECURITY NO. <b>none</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Jacob Fisher, R.R. #2, Easton, Mo.</b>  |  |   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral apoplexy</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Arterio Sclerosis</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>_____ |  |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>unknown</b>                               |  |
| 19a. DATE OF OPERATION <b>none</b>   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |  |  |   |  | 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 <b>Sept 3, 1956</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2:30 a. m.</b> , from the causes and on the date stated above. |  |  |  |  |  |   |  |  |  |
| 23a. SIGNATURE <b>B. W. Tadlock</b> (Degree or title) <b>Health Officer</b>  |  |  |  | 23b. ADDRESS <b>St. Joseph, Mo. 2727 Giles St.</b>   |  |   |  | 23c. DATE SIGNED <b>Sept 3-56</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>  |  | 24b. DATE <b>9/6/1956</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>St. Marys Cemetery</b>   |  | 24d. LOCATION (City, town, or county) (State) <b>Buchanan County, Mo.</b>   |  |  |  |
| DATE REC'D BY LOCAL REG. <b>Sept 7, 1956</b>   |  | REGISTRAR'S SIGNATURE <b>Ethel M. Allison</b>  |  |  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Bourman St Joseph Mo.</b>   |  |  |  |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.....  
*James P. Hawkins*

Licensed Embalmer No. 453

P. O. Address 319 E. 10th St.

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.