

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30472**  
Registrar's No. **137**

FILED SEP 17 1956

BIRTH NO. _____		REG. DIST. NO. <b>132</b>	PRIMARY REG. DIST. NO. <b>3021</b>	REGISTRAR'S NO. <b>137</b>
1. PLACE OF DEATH a. COUNTY <b>Grundy</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Grundy</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Trenton</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Trenton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1413 N. Main St.</b>		d. STREET ADDRESS (If rural, give location) <b>1413 N. Main St.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Beatus</b>		b. (Middle)	c. (Last) <b>Fischer</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 7, 1956</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 11, 1873</b>	9. AGE (In years last birthday) <b>82</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bakery</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Seckingen, Germany</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Ferdinand Fischer</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Arenas</b>	14. NAME OF HUSBAND OR WIFE <b>Albertina Stutzel Fischer</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>Mrs. Mary Hagan</b> ADDRESS <b>Trenton, Mo.</b>		
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) <b>Carcinoma of Stomach</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>4 mos</b>
19a. DATE OF OPERATION		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) (Min.)	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>July 31, 1952</b> , to <b>Sept 7, 1952</b> , that I last saw the deceased alive on <b>Sept 7, 1956</b> , and that death occurred at <b>6:30 Am.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>E. A. Duffy M.D.</b>		23b. ADDRESS <b>Trenton Mo</b>		23c. DATE SIGNED <b>Sept 8-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept 10, 56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph's</b>	24d. LOCATION (City, town, or county) (State) <b>Trenton, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>9-9-56</b>	REGISTRAR'S SIGNATURE <b>Dorlene Fair</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gipson Funeral Home Trenton, Mo.</b>		

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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 .....  
Student Embalmer

Signed Les S. Whitaker

Licensed Embalmer No. 4780

P. O. Address Mount Airy, N.C.

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