

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39047

STATE FILE NUMBER

FILED NOV 20 1956

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 125

884

084

1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bolivar</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY-- OR TOWN <u>Bolivar</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>312 E. Locust</u>			Length of stay in 1b <u>38 Years</u>	d. STREET ADDRESS <u>312 E. Locust</u>			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print)				First <u>Florence</u>		Middle <u>Ellen</u>		Last <u>Fish</u>		4. DATE OF DEATH Month <u>November</u> Day <u>14</u> Year <u>1956</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 17, 1884</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>28</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (City and state or country) <u>N.E. of Bolivar, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>						
13. FATHER'S NAME <u>Henry Neuhart</u>						14. MOTHER'S MAIDEN NAME <u>Lucinda Johnson</u>									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>				16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Wayne Fish</u>				Address <u>Bolivar, Mo.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>										INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <u>Hypertension</u>			<u>10 yrs.</u>		
										DUE TO (c) <u>Arteriosclerosis</u>			<u>15 yrs.</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)												
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>															
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY			STATE			
21. I attended the deceased from <u>May '47</u> to <u>Nov. 14 1956</u> and last saw her <u>him</u> alive on <u>Nov. 14 '56</u> Death occurred at <u>7:00 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <u>[Signature]</u> (Degree or title)						22b. ADDRESS <u>Bolivar Mo.</u>				22c. DATE SIGNED <u>11-17-56</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>11/18/1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Bolivar, Missouri</u>							
24. FUNERAL DIRECTOR <u>Erwin Blue - Bolivar, Mo.</u> ADDRESS					25. DATE RECD. BY LOCAL REG. <u>11-17-1956</u>			26. REGISTRAR'S SIGNATURE <u>Ralph Gordon Jewell</u>							

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Marshall C. Blackwell*

Licensed Embalmer No. *47*

P. O. Address *Bolivar*

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.