

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

57 022 2261
State File No. 20

FILED JUL 9 1957

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) Quivre Township	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Frankford	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		e. STREET ADDRESS 0820 (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Guy c. (Last) Fisher			4. DATE OF DEATH (Month) (Day) (Year) June 27, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) Never Married	8. DATE OF BIRTH December 31, 1915		9. AGE (In years last birthday) Months Days Hours Min. 41 5 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Commission Co. Owner		10b. KIND OF BUSINESS OR INDUSTRY Livestock	11. BIRTHPLACE (City and State or Foreign Country) Frankford		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Guy William Fisher		13b. MOTHER'S MAIDEN NAME Malvina Dawson		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. James L. Fisher, Frankford, Missouri		

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal injuries due to an automobile accident		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES		DUE TO (b)			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
		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		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy. 61	21c. (CITY, TOWN, OR TOWNSHIP) Quivre (COUNTY) St. Charles (STATE) Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 27 1957 5:10 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car ran off road
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22. I hereby certify that I attended the deceased from **June 28 - 1957**, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Mavis Muschong (Degree or title)		23b. ADDRESS Wentzville, Mo	23c. DATE SIGNED 6-29-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 29, 1957	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	24d. LOCATION (City, town, or county) (State) Frankford, Missouri
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DATE REC'D BY LOCAL REG. July 11 1957	REGISTRAR'S SIGNATURE Mavis J. Huff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. E. Megowan Frankford, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 11 1957

JUL 12 1957

AUG 30 1957

AUG 4 1957

JUL 23 1957

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 O Mudd*.....

Licensed Embalmer No. *415*

P. O. Address *Bowling Green*

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.