

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **36543**

Registration District No. **178** Primary Registration District No. **4284** Registrar's No. **90**

1. PLACE OF DEATH a. COUNTY LEWIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY KNOX		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LA BELLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN HURDLAND		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PATRICK REST HOME		Length of stay in 1b Approx. 45 Da.	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)			First REBECCA	Middle VIRGINIA	Last FISHER
4. DATE OF DEATH	Month Oct.	Day 14	Year 1957		
5. SEX FEMALE	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 20, 1867	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days Hours 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 (City and state or country) KNOX COUNTY		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JARVIS JACKSON			14. MOTHER'S MAIDEN NAME EMILLY MATTHEWS		
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. UNKNOWN	17. INFORMANT Address MRS. FRANCES McANULTY COINA, Mo		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-vascular-renal disease					INTERVAL BETWEEN ONSET AND DEATH 2 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b)
					DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Senility					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.) 442X		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
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 Aug. 3, 1957 , to Oct. 14, 1957 and last saw her/him alive on Oct. 13, '57 Death occurred at 5:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Harry L. W. Bracken (Degree or Title)			22b. ADDRESS D.O. La Belle, Missouri		22c. DATE SIGNED 10/19/57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Oct 16, 1957	23c. NAME OF CEMETERY OR CREMATORY HURDLAND FOP	23d. LOCATION (City, town, or county) HURDLAND	(State) Mo	
24. FUNERAL DIRECTOR ADDRESS Kelly Rogers Bracken, Mo		25. DATE RECD. BY LOCAL REG. 10-22-57	26. REGISTRAR'S SIGNATURE P. W. Jennings, M.D.		

(Licensed Embolmer's Statement on Reverse Side)

300
1-56

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

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 *Richard B. Kelly*
Licensed Embalmer No. 449

P. O. Address *Elm., Md.*

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.