

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44995  
STATE FILE NUMBER

FILED DEC 23 1957

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 143

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Brookfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hannibal</u> <input checked="" type="checkbox"/> 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>Doctors Hospital</u>		Length of stay in 1b <u>24 hours</u>	d. STREET ADDRESS (If outside, give location) <u>3611 Midred</u>
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Christian</u> Last <u>Fishback</u>			4. DATE OF DEATH Month <u>December</u> Day <u>15</u> Year <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>November 25, 1924</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plant Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Universal Atlas Cement Plant</u>	9. AGE; (In years last birthday) <u>33</u> IF FUNDER 1 YEAR Months <u>0</u> Days <u>20</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
11. BIRTHPLACE (City and state or country) <u>Frankfort Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Reuben C. Fishback</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mappes</u>	
14. NAME OF HUSBAND OR WIFE <u>Ruth Frances Fishback</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes. U.S. Navy WW II</u>	
16. SOCIAL SECURITY NO. <u>488-20-0996</u>		17. INFORMANT Address <u>Hannibal Missouri</u> <u>Mrs. Ruth Frances Fishback</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>Traumatic injuries from two car auto accident (Multiple fractures of both legs, right arm, thorax, contused viscera, multiple lacerations, and severe shock)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>21 hrs. &amp; 48 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT <input checked="" 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.) <u>Two car auto accident. Details unknown.</u>	
20c. TIME OF INJURY Hour <u>6:15</u> / Month <u>12</u> / Day <u>14</u> / Year <u>1957</u> A.M. / P.M.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway No. 36</u>	
20e. CITY, TOWN, OR LOCATION <u>(Near) Brookfield, Tinn, Missouri</u>		20f. COUNTY <u>Lincoln</u> STATE <u>Missouri</u>	
21. I attended the deceased from death occurred at <u>12/15/57 at 4:12 PM</u> to <u></u> and last saw her alive on <u></u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John W. Blacklock</u> (Degree or title) <u>2</u>		22b. ADDRESS <u>Brookfield, Missouri</u>	
22c. DATE SIGNED <u>12/15/57</u>		23a. BIRTH, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>December 15, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park</u>	
23d. LOCATION (City, town, or county) (State) <u>Hannibal, Missouri</u>		24. FUNERAL DIRECTOR <u>J. W. Blacklock, Brookfield, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>12-15-57</u>		26. REGISTRAR'S SIGNATURE <u>Katharine Johnson Reg.</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

DEC 24 1957  
DEC 30 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 *Gerald I. Wade* .....

Licensed Embalmer No. *4172* .....

P. O. Address *Brown* .....

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.