

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 28 1958

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5114</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Zalma - Rural</u>		c. LENGTH OF STAY (In this place) <u>4 yrs.</u>		c. CITY OR TOWN <u>Zalma</u>		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 <u>Home Wayne Twp.</u>				STREET ADDRESS (If rural, give location) <u>Wayne Twp 0090</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Floyd</u>		b. (Middle) <u>T.</u>		c. (Last) <u>Fish</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16, 1958</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Aug. 28, 1910</u>		9. AGE (In years last birthday) <u>47</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>18</u>		IF UNDER 24 HRS. Hours <u>18</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bollinger Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm Fish</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Walker Fish</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Morgan Fish</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>		16. SOCIAL SECURITY NO. <u>49186-4693</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Morgan Fish</u> ADDRESS <u>Zalma, Mo.</u>			
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) <u>Glioblastoma Multiforme, left parietal area of brain.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>unknown.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
				DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				1930	
19a. DATE OF OPERATION <u>Dec 13, 1956</u>		19b. MAJOR FINDINGS OF OPERATION <u>Above - Glioblastoma Multiforme, left parietal area</u>				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)		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 <u>10/23</u> , 19 <u>56</u> , to <u>1/16</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>1/13</u> , 19 <u>58</u> , and that death occurred at <u>1 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Bruce MD.</u>				23b. ADDRESS <u>Mobile Hill, Mo</u>		23c. DATE SIGNED <u>1/19/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-18-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Advance, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1/23/58</u>		REGISTRAR'S SIGNATURE <u>Mrs. Buford Craven</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm H. Morgan</u> ADDRESS <u>Advance, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

*Wm H. Morgan*  
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Licensed Embalmer No.....

P. O. Address *Advocate, Va*

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.