

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018990

STATE FILE NUMBER

FILED MAY 28 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RALES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN NEW LONDON 0870 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LEVERING HOSPT		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ZORA Middle ANNE Last FISHER			4. DATE OF DEATH Month MAY Day 22 Year 1958		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JANUARY 23rd 1882	9. AGE (In years last birthday) 76	10. FUNDER 1 YEAR Months 3 Days 3	11. IF UNDER 24 HRS. Hours 3 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) NEW LONDON MISSOURI 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME GEORGE W. JAMESON	13b. MOTHER'S MAIDEN NAME ELLA PAYNE	14. NAME OF HUSBAND OR WIFE JOHN P FISHER
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input type="checkbox"/> or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. XXX	17. INFORMANT Mr. Harold E. Caldwell, New London, Mo	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Abdomen Liver & Lung		INTERVAL BETWEEN ONSET AND DEATH 1533
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma of Pancreas & Spleen	
	DUE TO (c) Colon	
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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from August 1, 1956 to _____ and last saw her alive on May 19, 1958 Death occurred at 8:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE A. L. New (Degree or title) M.D.	22b. ADDRESS Hannibal, Mo	22c. DATE SIGNED 5/26/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 24th 1958	23c. NAME OF CEMETERY OR CREMATORY BARKLEY CEMETERY	23d. LOCATION (City, town, or county) NEW LONDON MISSOURI	(State)
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24. FUNERAL DIRECTOR WILSON & SONS, Monroe City, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 5/26/58	26. REGISTRAR'S SIGNATURE WEM Lucke Reg. H. C. Fisher
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED MAY 27 1958
MARION CO. HEALTH DEPT.
DATE FILED MAY 27 1958

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Lester L. Wilson.....

Licensed Embalmer No. 3014.....

P. O. Address Monroe City.....

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.