

Health,
L. Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043737

STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 118

Primary Registration District No. 5439

Registrar's No. 45

300
1-57

1. PLACE OF DEATH a. COUNTY Gasconade			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin		
b. CITY (If outside corporate limits, give TOWNSHIP only) Canaan Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Gerald		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Farm Home		Length of stay in lb 12 days	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Joseph Middle John Last Fisher			4. DATE OF DEATH Month Dec. Day 22 Year 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2- DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 28, 1893	9. AGE (In years at birthday) 65	IF UNDER 1 YEAR Months 0 Days 366
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired RR Worker		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Owensville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Fisher		13b. MOTHER'S MAIDEN NAME Antonetta Freicheck		14. NAME OF HUSBAND OR WIFE Clarsey Hafley Fisher	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 708-14-6481		17. INFORMANT Address Mrs. Ruby Haddox Owensville, 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) Carcinoma - Descending Colon					INTERVAL BETWEEN ONSET AND DEATH 9 yrs
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) None					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.) 1532		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
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 12-5-58 , to 12-22-58 and last saw ^{her} him alive on 12-22-58 Death occurred at 11:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paula Bauer, M.D.			22b. ADDRESS Owensville, Mo.		22c. DATE SIGNED 12-23-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12-25-1958	23c. NAME OF CEMETERY OR CREMATORY Boeuff Cemetery		23d. LOCATION (City, town, or county) (State) Gerald, Mo.
24. FUNERAL DIRECTOR Millard H H Winter			25. DATE RECD. BY LOCAL REG. December 24, 1958		26. REGISTRAR'S SIGNATURE Mrs. Marvin Jappmeyer

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MS FEB 10 1988

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 Myford H H Winter.....

Licensed Embalmer No. 3830

P. O. Address OWENSVILLE

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.