

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001883

STATE FILE NUMBER

FILED FEB 2 1959

Registration District No. 164 Primary Registration District No. 5599 Registrar's No. 17

300  
1-57

1. PLACE OF DEATH a. COUNTY <i>Johnson</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Hazelhill Township</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Warrensburg</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>6 miles north 4 miles west</i>		Length of stay in lb <i>1 day</i>	d. STREET ADDRESS (If outside, give location) <i>412 N. Washington</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>ZELMA</i> Middle Last <i>FISHBACK</i>			4. DATE OF DEATH Month <i>January</i> Day <i>25</i> Year <i>1959</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug. 23, 1890</i>	9. AGE (In years last birthday) <i>68</i>	FUNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (City and state or country) <i>Johnson County, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Baker Brown</i>		13b. MOTHER'S MAIDEN NAME <i>Sallie Pogue</i>		14. NAME OF HUSBAND OR WIFE <i>Homer B. Fishback</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT Address <i>Mr. Homer B. Fishback, Warrensburg, Mo.</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral hemorrhage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <i>Hypertensive heart disease</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>443X</i>					INTERVAL BETWEEN ONSET AND DEATH <i>3 hours</i> <i>15 years.</i>
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.)		
20c. TIME OF INJURY Hour .Month, Day, Year 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
21. I attended the deceased from Death occurred at <i>Jan. 25, 1959</i> to <i>Jan. 25, 1959</i> and last saw <i>her</i> alive on <i>January 25, 1959</i> <i>6:00 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Harry Hadenlas</i> MD		22b. ADDRESS <i>Warrensburg, Missouri</i>		22c. DATE SIGNED <i>1-26-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>1-28-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Liberty Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Johnson County, Missouri</i>
24. FUNERAL DIRECTOR <i>The Brauningers, Warrensburg, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Jan. 28, 1959</i>		26. REGISTRAR'S SIGNATURE <i>Lavanaugh</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *James E. Huberman* .....

Licensed Embalmer No. *4092* .....

P. O. Address *Warrensburg, Mo.* .....

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.