

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004206

STATE FILE NUMBER

FILED FEB 11 1959 Registration District No. 356 Primary Registration District No. 6206 Registrar's No. 11

300
1-57

-1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY TEXAS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON, TWP		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN HOUSTON 1070
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION NO		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) RR-1.
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last HARRY FISHER			4. DATE OF DEATH Month Day Year JAN 3 1959		
5. SEX M	6. COLOR OR RACE WHT	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 19. 1872		9. AGE (In years last birthday) 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) WICHITA KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HENRY FISHER		13b. MOTHER'S MAIDEN NAME MARY JANE SHAW		14. NAME OF HUSBAND OR WIFE ALICE CHALCRAFT	
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.		17. INFORMANT Address EARL CURTIS - HOUSTON 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) arterio-sclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) genial arterio-sclerosis		
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4388			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.)		
20c. TIME OF INJURY Hour a.m. Month, Day, Year 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 May 25, 1959 to Jan 3, 1959 and last saw him alive on Jan 3, 1959 Death occurred at Jan 3, 1959 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Paul H Beckman M.D.			22b. ADDRESS Houston, Missouri		22c. DATE SIGNED 1/26-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-6-1959	23c. NAME OF CEMETERY OR CREMATORY OZARK CEM		23d. LOCATION (City, town, or county) (State) SE HOUSTON - MO -
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24. FUNERAL DIRECTOR L. J. Evans Houston Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. Feb. 2, 1959	26. REGISTRAR'S SIGNATURE Myrtle Craig	
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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 *Lowell C. Cerney*

Licensed Embalmer No. *4746*

P. O. Address *121st Street*

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.