

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018369
STATE FILE NUMBER

FILED JUN 10 1959

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 151

3. 300
1-57

1. PLACE OF DEATH a. COUNTY Livingston			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Livingston		
b. CITY OR TOWN Phillippo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Phillippo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Phillippo		Length of stay in 1b 42 Days	d. STREET ADDRESS -		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Boyd Benjamin Fisk			4. DATE OF DEATH 6-2-59		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-30-93		9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY Novelty	11. BIRTHPLACE (City and state or country) Atlanta Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James A Fisk		13b. MOTHER'S MAIDEN NAME Coka Atterberry		14. NAME OF HUSBAND OR WIFE Jennie Fisk	
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. 488-24-0210		17. INFORMANT Jennie Fisk Address Phillippo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 487 - Cerebral hemorrhage DUE TO (b) arterio sclerosis. DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 3 mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X					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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 April 15-59 to June 2-59 and last saw him alive on June 2-59 Death occurred at 8 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Joseph F. Hale (Degree or title) M.D.			22b. ADDRESS Phillippo Mo		22c. DATE SIGNED 6-6-59
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 6-4-59	23c. NAME OF CEMETERY OR CREMATORY RICHARDSDALE		23d. LOCATION (City, town, or county) (State) Bevier Mo
24. FUNERAL DIRECTOR A. G. Edwards		ADDRESS Bevier		25. DATE RECD. BY LOCAL REG. 6/6/59	26. REGISTRAR'S SIGNATURE Francis B Neill

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATE OF MISSOURI

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 *W. C. Edwards*

Licensed Embalmer No. *1961*

P. O. Address *Quinn, 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.