

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021347

STATE FILE NUMBER

FILED JUL 13 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3058

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>		Length of stay in lb <b>65 YEARS</b>	d. STREET ADDRESS <b>5812 OAK STREET</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>CLARENDE FRANKLIN FISHER</b>			4. DATE OF DEATH Month Day Year <b>JUNE 22, 1959</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APRIL 19, 1884</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 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) <b>VICE PRESIDENT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LAUNDRY SERVICE CO.</b>	11. BIRTHPLACE (City and state or country). <b>TOPEKA, KANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>LACUE H. FISHER</b>		13b. MOTHER'S MAIDEN NAME <b>HARRIET ANN DAVIS</b>		14. NAME OF HUSBAND OR WIFE <b>NETTIE BELL FISHER</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT <b>ELMO S. FISHER - KANSAS CITY, MISSOURI</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ANEMIA - IDIOPATHIC</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 Months</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>MALNUTRITION -</b>				<b>SAME.</b>	
DUE TO (c) <b>POSSIBLE SIMMONS DISEASE.</b>				<b>SAME.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>2892</b>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) <b>—</b>				
20c. TIME OF INJURY Hour a.m. p.m. <b>—</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>		20f. CITY, TOWN, OR LOCATION <b>—</b>		COUNTY <b>—</b>	STATE <b>—</b>
21. I attended the deceased from <b>12-26-58</b> to <b>6-22-59</b> and last saw him alive on <b>6-21-59</b> . Death occurred at <b>8:15 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>W. A. MYERS M.D.</b>			22b. ADDRESS <b>1115 GRAND AVE, Kansas City, Mo.</b>		22c. DATE SIGNED <b>6/22/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>ENTOMBMENT</b>	23b. DATE <b>JUNE 24, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL PANTHEON</b>		23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>	
24. FUNERAL DIRECTOR <b>D. W. NEWCOMER'S SONS - KANSAS CITY, MO.</b>			25. DATE RECD. BY LOCAL REG. <b>6-23-59</b>	26. REGISTRAR'S SIGNATURE <b>new minshall</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

W. A. Myers

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 .....

*Boone F. Fuller*

Licensed Embalmer No. *4818*

P. O. Address *K.C., 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.