URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 27 1960

-60-033702

STATE FILE NUMBER

ENDED

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 226

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax Mo — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Fairfax hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Atchison
c. CITY OR TOWN Rock-Port Mo — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Elizabeth Middle Sebelia Last Fischer

4. DATE OF DEATH Month Sept Day 22 Year 1960

5. SEX F

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH Feb. 9 1877

9. AGE (last birthday) 83 — IF UNDER 1 YEAR Months 7 Days 13 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Ill.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Matt Weisenberger

13b. MOTHER'S MAIDEN NAME Elizabeth Dankoff

14. NAME OF HUSBAND OR WIFE deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Wm Hartman Address Rock-Port 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) Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 days.

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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 July 1952, to Sept 22, 1960 and last saw her/him alive on 9-22-60

Death occurred at 5 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wallace Carpenter MD

22b. ADDRESS Rock Port Mo

22c. DATE SIGNED 9-23-60

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE Sept 24 1960

23c. NAME OF CEMETERY OR CREMATORY Smith cemetery

23d. LOCATION (City, town, or county) (State) N. E. Rock-Port Mo

24. FUNERAL DIRECTOR Bertram Funeral Home — ADDRESS Rock-Port Mo

25. DATE RECD. BY LOCAL REG. Sept 24, 1960

26. REGISTRAR'S SIGNATURE Marvin H. Schaeler

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed G E Putnam

Signature of Student Embalmer

Licensed Embalmer No. 1764

P. O. Address Rockport

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.