

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-010772

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2325

STATE FILE NUMBER

1. PLACE OF DEATH  
 a. COUNTY  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE  
 b. COUNTY  
 c. CITY OR TOWN  
 d. STREET ADDRESS (If outside, give location)

Inside Limits  
 Yes  No

Reside on Farm  
 Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
 Albert Fisher

4. DATE OF DEATH Month Day Year  
 March 8 1961

5. SEX Male  
 6. COLOR OR RACE White  
 7. Married  Never Married   
 Widowed  Divorced

8. DATE OF BIRTH 12-9-1889  
 9. AGE (last birthday) 71  
 IF UNDER 1 YEAR Months Days  
 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
 Pensr. Loco. Engr.  
 10b. KIND OF BUSINESS OR INDUSTRY Railroad  
 11. BIRTHPLACE (City and state or country) Moselle, Missouri  
 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Geromier Fisher  
 13b. MOTHER'S MAIDEN NAME Sarah Williams  
 14. NAME OF HUSBAND OR WIFE Jeanette

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  
 Jeanette Fisher 509 Hovey-Normal, Ill

18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Pulmonary Embolism - Infection  
 DUE TO (b) Thrombosis phlebitis left leg -  
 DUE TO (c) 463x

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 Cerebro-vascular thrombosis 1/16/61

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

INTERVAL BETWEEN ONSET AND DEATH

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 s.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 Feb. 27, 1961 12:50 P to March 8, 1961 and last saw him alive on March 8, 1961  
 Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE Charles Krouse, M.D. (Degree or title)  
 21b. ADDRESS 1755 S. Grand Blvd.  
 21c. DATE SIGNED 3/9/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal  
 23b. DATE 3-11-61  
 23c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery  
 23d. LOCATION (City, town, or county) (State) Bloomington, Ill.

24. FUNERAL DIRECTOR Stubblefield Funeral Home, Normal, Ill. ADDRESS  
 25. DATE RECD. BY LOCAL REG. MAR 9 1961  
 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

**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 \_\_\_\_\_

Signed *Elton S. Remelius*

Signature of Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.