MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-018334
STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 46

AMENDED

FILED MAY 17 1961

1. PLACE OF DEATH
a. COUNTY: Moniteau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: California, Mo Walker
Length of stay in 1b: 3 Wks
c. FULL NAME OF HOSPITAL OR INSTITUTION: Latham Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Moniteau
c. CITY OR TOWN: California, Mo
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt # 4
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Henry Middle: Last: Fischer
4. DATE OF DEATH: Month: May Day: 10 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/4/70
9. AGE (last birthday): 90
IF UNDER 1 YEAR: Months 10 Days 6
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: August Fischer
13b. MOTHER'S MAIDEN NAME: Marie Sievers
14. NAME OF HUSBAND OR WIFE: None
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: Mrs. R. B. Elliott Address: Jamestown, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gangrene, right foot — INTERVAL BETWEEN ONSET AND DEATH: 2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis, generalized & cerebral — 1+ years
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: California COUNTY: Moniteau STATE: Mo
21. I attended the deceased from 4-19-61 to 5-10-61 and last saw her/him alive on 5-10-61
Death occurred at 10/40 Am on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): R B Fulks MD
22b. ADDRESS: California, Mo
22c. DATE SIGNED: 5-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/12/61
23c. NAME OF CEMETERY OR CREMATORY: Methodis Cemetery
23d. LOCATION (City, town, or county) (State): Jamestown, Mo
24. FUNERAL DIRECTOR ADDRESS: Bowlin Funeral Home-California, Mo
25. DATE REC'D BY LOCAL REG.: 5-18-61
26. REGISTRAR'S SIGNATURE: Helen L Poppejoy

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 John R. Boulin, Student Embalmer No. 614 working under my personal supervision.

Student John R. Boulin
Signature of Student Embalmer

Signed Jack H Boulin

Licensed Embalmer No. 4933

P. O. Address California, 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.