

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-028662
STATE FILE NUMBER

AMENDED

FILED SEP 5 1961 Primary Registration District No. 3014 Registrar's No. 91

| | | | | | | | | |
|---|--|---|--|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Clay | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Clay | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty | | Length of stay in lb 2 days | | c. CITY OR TOWN Liberty | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 428 W. Franklin | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 428 W. Franklin | | | |
| 3. NAME OF DECEASED (Type or print) First Bryan Middle Allen Last Fisher | | | 4. DATE OF DEATH Month August Day 22 Year 1961 | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH Aug. 20, 1961 | | |
| | | | | 9. AGE (last birthday) IF UNDER 1 YEAR Months 2 Days 2 Hours Min. | | IF UNDER 24 HR. Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Liberty, Mo. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME James Fisher | | | 13b. MOTHER'S MAIDEN NAME Marylin Joyce Hess | | | 14. NAME OF HUSBAND OR WIFE none | | |
| 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. none | | 17. INFORMANT James Fisher, 428 W. Franklin | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septic membrane | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 day. | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 s.m. p.m. | | Month, Day, Year | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 Aug. 20, 1961 to Aug. 22, 1961 and last saw him alive on Aug. 22, 1961 Death occurred at 8:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) Clude M. Smith, D.O. | | | | 22b. ADDRESS Liberty Mo. | | 22c. DATE SIGNED 8-22-61 | | |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial | | 23b. DATE 8-23-61 | | 23c. NAME OF CEMETERY OR CREMATORY White Chapel Cemetery | | 23d. LOCATION (City, town, or county) (State) Kansas City, Clay, Missouri | | |
| 24. FUNERAL DIRECTOR John Pasley Liberty, Mo. | | | | 25. DATE RECD. BY LOCAL REG. 8-30-61 | | 26. REGISTRAR'S SIGNATURE Mabel Graham | | |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 _____
Signature of Student Embalmer

Signed John Pasley

Licensed Embalmer No. 4308

P. O. Address Liberty, 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.