

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044677

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6127

FILED DEC 22 1961

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 70 YEARS	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4014 MORRELL STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last EDWARD WILLIAM FISCHER			4. DATE OF DEATH Month Day Year DECEMBER 3rd 1961			
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-8-85	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 76 Months Days Hours Min.	
10a. OCCUPATION (Give kind of work done during most of working life, even if retired) EXAMINER & WORKER		10b. KIND OF BUSINESS OR INDUSTRY POST OFFICE POSTAL		11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI, U. S. A.		
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME AUGUST W. FISCHER	13b. MOTHER'S MAIDEN NAME SOPHIA E. STRUCKMAN		14. NAME OF HUSBAND OR WIFE MRS. ETHEL W. FISCHER	
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 MRS. ETHEL W. FISCHER - KANSAS CITY, MO. Address: 4014 MORRELL AVE			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> DUE TO (b) <i>Cerebral Carcinomatosis</i> DUE TO (c) <i>Adeno carcinoma Prostate</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Generalized Carcinomatosis pulmonary, bone</i>					INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> <i>5 years</i> <i>15 years</i>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.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 <i>20 April 61</i> to <i>3 Dec 61</i> and last saw him alive on <i>3 Dec 61</i> Death occurred at <i>5:30 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Type or print) <i>Glem Elliott</i>			22b. ADDRESS <i>1192 Grand KC 6 Mo</i>		22c. DATE SIGNED <i>4 Dec 61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC. 6, 1961	23c. NAME OF CEMETERY OR CREMATORIUM FOREST HILL CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons Kansas City Mo		25. DATE RECD. BY LOCAL REG. 12-6-61	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>			

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF Glem Elliott MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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

Wern Lawler

Licensed Embalmer No. 4915

P. O. Address K6 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.