

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**62-002370**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **102** Primary Registration District No. **5595** Registrar's No. **96**

STATE FILE NUMBER

AMENDED  
**FILED FEB 13 1962**

1. PLACE OF DEATH a. COUNTY <b>Jefferson.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Imperial Mo.</b>		Length of stay in 1b	c. CITY OR TOWN <b>Imperial Mo.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Four Oaks Nursing Home</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Imperial Mo.</b>

3. NAME OF DECEASED (Type or print) First <b>Anna</b> Middle <b>Fisco.</b> Last			4. DATE OF DEATH Month <b>Feb.</b> Day <b>9</b> Year <b>62</b>			
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5. SEX <b>Female.</b>	6. COLOR OR RACE <b>White.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-12-86</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Ausrtia.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Micheal Sabo.</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Unk.</b>	14. NAME OF HUSBAND OR WIFE <b>Mike Fisco.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>	16. SOCIAL SECURITY NO. <b>No.</b>	17. INFORMANT Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chr. Myocardial</b> DUE TO (b) <b>Arterio sclerosis</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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 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.)
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20c. TIME OF INJURY Hour <b>11:00</b> a.m. p.m.	Month, Day, Year <b>2-9-62</b>	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.) <b>Kennswick, Jefferson Mo</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <b>1959</b> to <b>Feb 9/62</b> and last saw her/him alive on <b>Feb 9/62</b>		Death occurred at <b>Imperial Mo</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>[Signature]</b> (Degree or title)	22b. ADDRESS <b>Imperial Mo</b>	22c. DATE SIGNED <b>2/10/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>2-12-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Assumption.</b>
		23d. LOCATION (City, town, or county) <b>Mattese. Mo.</b>

24. FUNERAL DIRECTOR ADDRESS <b>Southern Funeral Home. 6322 S. Grand Blvd.</b>	25. DATE RECD. BY LOCAL REG. <b>2-10-62</b>	26. REGISTRAR'S SIGNATURE <b>Robert E. Bauer</b>
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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

FEB 15 1962

**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 David Van Assen

Licensed Embalmer No. 4242

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.