

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003742

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 449 STATE FILE NUMBER

FILED JAN 19 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>P.O.A. BETHESDA Hosp</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3239a California Av.</u>
3. NAME OF DECEASED (Type or print) First <u>ADAM</u> Middle <u>E.</u> Last <u>FISHER</u>		4. DATE OF DEATH Month <u>January</u> Day <u>9</u> Year <u>1962</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/10/1871</u>	9. AGE (last birthday) <u>90</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Patent Attorney</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired 6years</u>	11. BIRTHPLACE (City and state or country) <u>Hannibal, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>William Fisher</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Elizabeth Vandercook</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie E. Fisher</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Nellie E. Fisher, 3239a California Av.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) <u>Coronary artery disease</u>	<u>Auricular Fibrillation</u>	INTERVAL BETWEEN ONSET AND DEATH <u>few days more than 2 years more than 2 years</u>
CONDITIONS, if any, above cause of death stating the underlying cause last. DUE TO (b) <u>Chronic</u>	<u>Arteriosclerotic Heart disease</u>	
DUE TO (c) <u>Blind</u>	<u>Generalized arteriosclerosis</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Blind, Chronic Bronchitis, Generalized edema

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No 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.) <u>4200</u>
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from Nov 7, 1960 11 P.M. to _____ and last saw him alive on Oct 1st part 1961
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Leron E. Ellison M.D.</u>	22b. ADDRESS <u>3610 So Broadway, St. Louis Mo</u>	22c. DATE SIGNED <u>Jan 10, 1962</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	23b. DATE <u>1/12/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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24. FUNERAL DIRECTOR <u>Gebken-Benz Mortuary, 2842 Meramec St.,</u>	25. DATE RECD. BY LOCAL REG. <u>JAN 11 1962</u>	26. REGISTRAR'S SIGNATURE <u>Loan Smith M.D.</u>
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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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe S. Benz

Licensed Embalmer No. 4249
2842 Meramec St.
P. O. Address St. Louis, 18 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.