

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049420

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12546

FILED DEC 27 1963

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Indiana b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 6 Wks	c. CITY OR TOWN Jeffersonville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 811 E. Market St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Arthur Middle C. Last Fisher			4. DATE OF DEATH Month Dec. Day 17 Year 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-19-95
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Produce	9. AGE (last birthday) 68 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
13a. FATHER'S NAME Jade Fisher		13b. MOTHER'S MAIDEN NAME Ruth W. Wallace	11. BIRTHPLACE (City and state or country) Boonville, Ind. 12. CITIZEN OF WHAT COUNTRY U. S.
14. NAME OF HUSBAND OR WIFE Marguerite C. Fisher		17. INFORMANT Marguerite C. Fisher, Jeffersonville, Ind Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) Yes World War 2		16. SOCIAL SECURITY NO. 2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the lung c. Metastases			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			163x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Osteoarthritis Diabetes mellitus			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 Month, Day, Year a.m. p.m.			
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 October 29, 1963 to 12/17/63 and last saw ^{her} him alive on 12/17/63 Death occurred at 6:30p on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert R. Ramsey, M.D.		22b. ADDRESS 119 Church St., Ferguson 35 Mo	22c. DATE SIGNED 12/18/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-18-63	23c. NAME OF CEMETERY OR CREMATORY St. Anthony Cemetery	23d. LOCATION (City, town, or county) Jeffersonville, Ind. (State)
24. FUNERAL DIRECTOR White-Mullen Mortuary, Ferguson, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. DEC 18 1963	26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

Indiana
 Jeffersonville
 811 E. Market St.
 Dec. 17, 1963
 Fisher
 C.
 1-19-63
 68
 U. S.
 Margaret C. Fisher
 Ruth W. Wallace
 Produce
 Jeffersonville, Ind.
 Margaret C. Fisher, Jeffersonville, Ind.
 308-30-0383
 World War I
 Yes
 Irlene Fisher
 Retired
 White
 Male
 About
 DePaul Hospital
 Sec. Louis
 6 Wks

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 Reinhold K. Zahmann

Licensed Embalmer No. 3395

P. O. Address Berkeley, 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.

White-Mullen Mortuary, Jeffersonville, Mo.
 12-18-63
 St. Anthony Cemetery
 Jeffersonville, Ind.