No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI

FILED MAR 31 1949

# STANDARD CERTIFICATE OF DEATH

8967

State File No.

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 47

**1. PLACE OF DEATH**
a. COUNTY Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lebanon
c. LENGTH OF STAY (In this place) 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Memorial Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Webster 112
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marshfield 1 11 1
d. STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED** (Type or Print) a. (First) Ethel b. (Middle) Francis c. (Last) Fisk

**4. DATE OF DEATH** (Month) 3 (Day) 24 (Year) 49

**5. SEX** F

**6. COLOR OR RACE** W

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married

**8. DATE OF BIRTH** 1-19-1886

**9. AGE** (In years last birthday) 63 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) housewife

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (State or foreign country) Iowa

**12. CITIZEN OF WHAT COUNTRY?** U.S.A

**13a. FATHER'S NAME** George Hining

**13b. MOTHER'S MAIDEN NAME** Cathryn Bowler

**14. NAME OF HUSBAND OR WIFE** Walter L. Fisk

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) | (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**

**17. INFORMANT'S SIGNATURE OR NAME** Loyal D. Fisk ADDRESS Marshfield

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3-24-49

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension Heart Disease
DUE TO (c) Chronic nephritis

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
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**19a. DATE OF OPERATION** —

**19b. MAJOR FINDINGS OF OPERATION** —

**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)

**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 3-7, 1949, *to* 3-24, 1949, *that I last saw the deceased alive on* 3-22, 1949, *and that death occurred at* 4:30a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** G. H. Summers (Degree or title) M.D.C.

**23b. ADDRESS** Lebanon Mo

**23c. DATE SIGNED** 3-29-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial

**24b. DATE** 3-27-'49

**24c. NAME OF CEMETERY OR CREMATORY** Marshfield

**24d. LOCATION** (City, town, or county) (State) Marshfield, Missouri

**DATE REC'D BY LOCAL REG.** March 27-1949

**REGISTRAR'S SIGNATURE** Nella L. Day 424

**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS** Lee Carney-Marshfield, Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 22 1943

## 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 .....
Student Embalmer

Signed .....

Licensed Embalmer No. 5312

P. O. Address .....

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 this body is not embalmed, fact should be so stated above.