

STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 10 1942

Registration District No. 632-254

Primary Registration District No. 43824386

Registrar's No.

75
1
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Thayer
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 years
In this community 17 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon
(c) City or town Thayer
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Vina Fissel

(b) If veteran, name war --

(c) Social Security No. --

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cyrus Fissel 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased August 22 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>5</u>	<u>9</u> hr. min.

9. Birthplace Myrtle Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Wm. Henry Campbell

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Bess Smith

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Cyrus Fissel

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 2/1/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Myrtle Cem.

18. (a) Signature of funeral director Geo. Barr

(b) Address Thayer, Mo.

19. (a) 3-6-42 (b) Jae D. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31
year 1942 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from Aug 10, 1941, to Jan 31, 1942
that I last saw him alive on Jan 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus
substantiated by colposcopy
abortion

Due to 48 hr
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Quarrelled Carcinoma
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature [Signature] (Specify type of place) [Signature]
(e) Means of injury [Signature]
While at work? [Signature] (M. D. or other) [Signature]
Address Thayer, Mo. Date signed 2-10-42

Duration
Physician
Underline the cause to which death should be charged statistically.

11/2 (Licensed Embalmer's Statement on Reverse Side) Cooper

RECEIVED

District Health Officer No 8,

District File Number 742470

Date Filed 8-6-42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.