FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35892

FILED DEC 1 1948

Registration District No. 5

Primary Registration District No. 4083

Registrar's No. 20

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town DeWitt
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll 17
(c) City or town DeWitt 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME STEPHEN P. FISHER
3. (b) If veteran, name war
3. (c) Social Security No. /
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased September 23 1869 (Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Howard County Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Barber
11. Industry or business Retired
FATHER
12. Name Marion Fisher
13. Birthplace Howard County Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Overstreet
15. Birthplace Howard County Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mary G. Fisher
(b) Address DeWitt, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-1948 (Month) (Day) (Year)
(c) Place: burial or cremation DeWitt, Missouri
18. (a) Signature of funeral director L. W. Maisel
(b) Address Brunswick, Missouri
19. (a) Nov. 19, 1948 (Date received local registrar) (b) Pearl Koch (Registrar's signature) 11/9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov November day 15th year 1948 hour 7 minute 45a M.

21. I hereby certify that I attended the deceased from 2 November 1948 to Nov 15th 1948 that I last saw him alive on Nov 14 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive heart failure	3 wks
Due to Senile debility	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93E	
Of autopsy	

PHYSICIAN

Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work (e) Means of injury 0

23. Signature Grover C. Rose (M. D. or other)
Address Brunswick, Mo. Date signed 18 Nov 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-29-48

DEC 3 1948

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 L M Meisel

Licensed Embalmer No. 873

P. O. Address Brunswick, M

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.