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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1796

FILED FEB 14 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 4299 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bucklin</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bucklin</b>	
c. LENGTH OF STAY (in this place) <b>40</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>East Bucklin</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNA</b>	b. (Middle)	c. (Last) <b>FISHER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 31, 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 12, 1868</b>	9. AGE (In years last birthday) <b>80</b>	10. Months <b>8</b>	11. Days <b>19</b>	12. Hours <b></b>	13. Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>	11. BIRTHPLACE (State or foreign country) <b>Davies County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>DAVE MICHEL</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>Senility</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4/8</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>2</b>
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22. I hereby certify that I attended the deceased from **Jan 31, 1949**, to **Jan 31, 1949**, that I last saw the deceased alive on **Jan 31, 1949**, and that death occurred at **3:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>B. G. Dinebiss D.O.</b>	23b. ADDRESS <b>Bucklin Mo</b>	23c. DATE SIGNED <b>1-31-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb 2, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Marion Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Bucklin Mo</b>
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DATE RECD BY LOCAL REG. <b>Feb. 1, 1949</b>	REGISTRAR'S SIGNATURE <b>W. B. Crow</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Garson Frances Herwin</b>	ADDRESS <b>Bucklin, Mo</b>
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**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.

Signed C. A. Larson

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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 this body is not embalmed, fact should be so stated above.