

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2019
Registrar's No. 28

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		c. LENGTH OF STAY (In this place) <u>4 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		d. STREET ADDRESS (If rural, give location) <u>910 East Third</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>910 East Third</u>			d. STREET ADDRESS (If rural, give location) <u>910 East Third</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wallace</u> b. (Middle) <u>Melvin</u> c. (Last) <u>Fisher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 23 49</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 9, 1924</u>	9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Water Plant Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City</u>	11. BIRTHPLACE (State or foreign country) <u>Maryville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Fisher</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Wallace</u>		14. NAME OF HUSBAND OR WIFE <u>Norma Floyd Fisher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-22-9124</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wallace M. Fisher Maryville</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Brain Tumor</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Tumor</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>14 2 1</u>					
19a. DATE OF OPERATION <u>10/11/48</u>		19b. MAJOR FINDINGS OF OPERATION <u>Brain tumor</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>10/11, 1948</u> to <u>Jan. 23, 1949</u> , that I last saw the deceased alive on <u>1/23, 1949</u> and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>B. H. Pyle</u> M. D.			23b. ADDRESS <u>Maryville, Missouri</u>		23c. DATE SIGNED <u>1-24-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1/26/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Maryville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-5-49</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John W. Price Maryville, Mo.</u>	

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

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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 _____

John W. Price

Signed _____
Student Embalmer

Licensed Embalmer No. *4281*

P. O. Address *Maryville 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.