

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15474**

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5437 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BOURBOIS TWP</u>		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OWENSVILLE Route</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
		d. STREET ADDRESS (If rural, give location) <u>3148 MAGNOLIA</u>	
3. NAME OF DECEASED a. (First) <u>JOHN</u>		b. (Middle) _____	
		c. (Last) <u>FISHER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 15 1949</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>JUNE 16, 1870</u>
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>	
11. BIRTHPLACE (State or foreign country) <u>TROY, INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE FISHER</u>		13b. MOTHER'S MAIDEN NAME <u>ANN</u>	
14. NAME OF HUSBAND OR WIFE <u>EVA ANN 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>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>CHESTER FISHER</u>		ADDRESS <u>8107 BRINKER AETON MO.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>NATURAL CAUSES</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(Symptoms Apoplexy)</u> DUE TO (c) <u>(Feel partly in river after stroke)</u> 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 _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or building, etc.) <u>Bourbois River</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>GASCONADE MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 15 1949 5p</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>(UNKNOWN - NO WITNESS)</u>			
22. I hereby certify that I attended the deceased from <u>✓</u> , 19 <u>49</u> , to <u>✓</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>✓</u> , 19 <u>49</u> , and that death occurred at <u>✓</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. J. White</u>		(Degree or title) <u>Coroner</u>	
23b. ADDRESS <u>Hermann Mo.</u>		23c. DATE SIGNED <u>5/18/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-20-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>	
DATE REC'D BY LOCAL REG. <u>June 3, 1949</u>		REGISTRAR'S SIGNATURE <u>Dorothy Lockman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. White</u>		ADDRESS <u>Owensville Mo.</u>	

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

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JUN 6 1940

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 Ms

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

M. J. H. H. H. H. H.

Licensed Embalmer No.

5138

P. O. Address

Quincy, Ill.

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.