

FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23240

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>WEST PLAINS</u>	c. LENGTH OF STAY (In this place) <u>66 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST PLAINS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>814 WEST MAIN ST.</u>		d. STREET ADDRESS (If rural, give location) <u>814 WEST MAIN ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOU</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>FISHER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 1, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>MARCH 26, 1866</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>5</u>	IF UNDER 1 YEAR Hours <u>5</u> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ELK HORN, Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN MILTON ROBINSON</u>	13b. MOTHER'S MAIDEN NAME NEE: <u>ROBINSON</u>	14. NAME OF HUSBAND OR WIFE <u>ELISHA T. FISHER</u>
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs WILL GUM, West Plains, Mo.</u>	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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH <u>2 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>794X</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan, 1949, to 7-1, 1949, that I last saw the deceased alive on 6-20, 1949, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.B. Stoll M.D.</u> (Degree or title)	23b. ADDRESS <u>West Plains</u>	23c. DATE SIGNED <u>7-5-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 3, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK LAWN CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>WEST PLAINS, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-7-49</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hal Shoumberg</u>	ADDRESS <u>WEST PLAINS, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

46

RECEIVED 7-11-49  
Health Officer No. 5,  
District 749424  
Date Filed 7-14-49

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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.

Student .....  
Student Embalmer

Signed Hal Thonberg

Licensed Embalmer No. 3408

P. O. Address West Plains

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.