

FILED OCT 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32812

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 152	
1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry 4</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>rural Wash. Twp. 7</b>		c. LENGTH OF STAY (in this place) <b>4-2-25</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>			
-d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital No. 3</b>				d. STREET ADDRESS (If rural, give location) <b>unknown</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ida</b>		b. (Middle) <b>M.</b>		c. (Last) <b>Fisher</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 17 1949</b>	
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>April 21 1876</b>		9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
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>Own home</b>		11. BIRTHPLACE (State or foreign country) <b>Henry county, Mo. (C)</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>	
13a. FATHER'S NAME <b>Conrad Evans</b>			13b. MOTHER'S MAIDEN NAME <b>Emaline Fletcher</b>		14. NAME OF HUSBAND OR WIFE <b>widowed</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hospital records, Nevada, Missouri</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b>				DUPLICATE			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				DUE TO (b) <b>Epilepsy</b>			
				DUE TO (c)			4570
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		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 <b>July 24, 1944, to Sept 17, 1949</b> , that I last saw the deceased alive on <b>Sept. 17, 1949</b> , and that death occurred at <b>6:45 Pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>R.H. Hall</b> (Degree or title) <b>M. D.</b>				23b. ADDRESS <b>Nevada, Missouri</b>		23c. DATE SIGNED <b>Sept. 17</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>Sept. 17 '49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Englewood Cem.</b>		24d. LOCATION (City, town, or county) <b>Clinton Missouri</b>		
DATE REC'D BY LOCAL REG. <b>9-19-'49</b>		REGISTRAR'S SIGNATURE <b>Kathryn H. Young</b> 331		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. H. ... Clinton Mo.</b>			

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

RECEIVED  
District Health Officer No. 7,  
District File Number 9-49-1179  
Date Filed 10-3-49

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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 Fred Wellman

Licensed Embalmer No. 2478

P. O. Address Clinton 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.