

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9790

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 5875 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>OREGON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>OREGON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R. MOORE TWP.</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"R" MOORE TWP.</u>		0-750
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR THOMASVILLE, Mo</u>			d. STREET ADDRESS (If rural, give location) <u>(NEAR) THOMASVILLE, Mo.</u>		

3. NAME OF DECEASED (Type or Print) <u>ROBERT NORMAN FISHER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 27, 1950</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>JUNE 24, 1886</u>		9. AGE (in years last birthday) <u>63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>OREGON CO., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>NORMAN WILSON FISHER</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA RICE</u>		14. NAME OF HUSBAND OR WIFE <u>VIRGINIA HUFF</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. VIRGINIA HUFF FISHER THOMASVILLE, Mo.</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Double Lobar Pneumonia</u>			
	DUE TO (c)			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>490X</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 2/27, 1950 to 2/27, 1950 that I last saw the deceased alive on 2/27, 1950, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Richard A. Smith D.O.</u>		23b. ADDRESS <u>913 W. Main, West Plains, Mo.</u>		23c. DATE SIGNED <u>2-28-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR. 1, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WOODSIDE CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>THOMASVILLE, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 27</u>	REGISTRAR'S SIGNATURE <u>233 Mrs W C Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hal Thompson, W. Plains, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-13-50
District Health Officer No. 5,
District File Number 3-50-170
Date Filed 3-17-50

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 Thomburg

Licensed Embalmer No. 3408

P. O. Address W. Plains, 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.