No. 300
10.48

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

FILED JUN 12 1950
5-31-50

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16264

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lockwood
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Dade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lockwood 0290 0
d. STREET ADDRESS (If rural, give location): Dade Co Mo

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Lewis
c. (Last): Fisher

4. DATE OF DEATH (Month) (Day) (Year): May 30, 1950

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: Nov. 15 1876
9. AGE (In years last birthday): 73 — If under 1 year: Months 6, Days 15 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Ceder Co. Mo 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas Fisher
13b. MOTHER'S MAIDEN NAME: Matilda Fisher
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Floyd Fisher Neodesha Kans.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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): Cerebral embolism

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Endo Carditis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 4214

19a. DATE OF OPERATION: 5-31-50
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-18, 1950 *to* 5-30, 1950 *that I last saw the deceased alive on* 5-30, 1950 *and that death occurred at* 7:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. D. Combs (Degree or title): D
23b. ADDRESS: Lockwood Mo
23c. DATE SIGNED: 5-31-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-1-1950
24c. NAME OF CEMETERY OR CREMATORY: Lockwood
24d. LOCATION (City, town, or county) (State): Lockwood Mo

DATE REC'D BY LOCAL REG.: 5-31-50
REGISTRAR'S SIGNATURE: Geo. L. Weir
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W.R.Allison Greenfield MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 5 1950
District Health Office No. 6,
District File Number 650-648
Date Filed 6-6-50

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.

Signed W. R. Allison

Signed ..... Student Embalmer

Licensed Embalmer No. 4404

P. O. Address Greenfield 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.