

FILED JUN 21 1950  
Dr. TaylorTHE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19769

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>5303</u>		Registrar's No. <u>1139</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY OR TOWN <u>Rural--Jefferson Twnshp</u>		c. LENGTH OF STAY (in this place) <u>74 yrs</u>		c. CITY OR TOWN <u>Jefferson Twnshp--Rural</u>		028	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R.#2, Jefferson City, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>R.R.#2, Jefferson City, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Christopher</u> b. (Middle) <u>F.</u> c. (Last) <u>Fischer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 9 1950</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Apr-14-1876</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days	IF UNDER 18 HRS. Hours Min.
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 <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Cole County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Fischer</u>			13b. MOTHER'S MAIDEN NAME <u>Christine Schubert</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Fischer, R.1, Lohman, Mo</u> ADDRESS _____			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Phenemalike heart disease</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) _____					INTERVAL BETWEEN ONSET AND DEATH <u>Years</u>  <u>4 1/6 X</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Hypertension Cardiovascular disease</u>					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) (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 <u>Jan 1, 1950</u> , to <u>June 9, 1950</u> , that I last saw the deceased alive on <u>June 9, 1950</u> , and that death occurred at <u>9:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Pres. A. Dwyer</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>6-9-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June-11-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) <u>R.R.#5, Jefferson City, Mo</u> (State) <u>MO</u>		
DATE REC'D BY LOCAL REG. <u>June 10-1950</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis MS-7R</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Lohman</u> ADDRESS <u>Jefferson City, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number

District Health Officer No. 91

RECEIVED JUN 17 1950

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

working under my personal supervision.

Student Embalmer No.

Signed *LeRoy V. Demery Jr.*

Signed Student Embalmer

Licensed Embalmer No. *4713*

P. O. Address *Jefferson City 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.