

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6471	
1. PLACE OF DEATH a. COUNTY ST LOUIS				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Marion			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp				d. STREET ADDRESS (If rural, give location) 8			
3. NAME OF DECEASED a. (First) Delbert b. (Middle) L. c. (Last) Fisk			4. DATE OF DEATH (Month) (Day) (Year) 7-26-50				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 6-1-1922	
9. AGE (In years last birthday) 28		IF UNDER 1 YEAR Months 28		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Iuka, Ill		12. CITIZEN OF WHAT COUNTRY? 1	
13a. FATHER'S NAME George Fisk			13b. MOTHER'S MAIDEN NAME Hellie		14. NAME OF HUSBAND OR WIFE Vera Fisk		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vera Fisk			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism ANTECEDENT CAUSES MI; suffered about 4:30 pm July 22, 1950 when picked up truck driver by one Mr. [unclear], left highway and struck post on Route # 50 1/2 miles east of Salem, Ill II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident 812			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 12 mi E of Salem, Ill			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 22 50 4:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E 8194			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw the deceased alive on _____, 19____, and that death occurred at 4:55 p.m. , from the causes and on the date stated above. 211							
23a. SIGNATURE (Degree or title) Patricia C. Taylor				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7-28-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8-29-50		24c. NAME OF CEMETERY OR CREMATORY Salem Cem.		24d. LOCATION (City, town, or county) (State) Salem, Ill.	
DATE REC'D BY LOCAL REG. JUL 28 1950		REGISTRAR'S SIGNATURE J. B. Jasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Atkins Funeral Home Salem, Ill			

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

6471

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.

Signed.....
Student Embalmer

Signed

Ronald A. Yabake

Student Embalmer No.....

Licensed Embalmer No.

3917

P. O. Address

St. Louis

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.