

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 20 1950

State File No. 29314

BIRTH NO. _____ REG. DIST. NO. ~~4014~~ PRIMARY REG. DIST. NO. 4014 Registrar's No. 49

0030

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

1. PLACE OF DEATH a. COUNTY <i>Atchison</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Atchison</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Fairfax</i>		c. LENGTH OF STAY (in this place) <i>weeks</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Fairfax Comm. Hosp.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rock Post</i>	
		d. STREET ADDRESS (If rural, give location) <i>0</i>	
3. NAME OF DECEASED a. (First) <i>WILLIAM</i> b. (Middle) <i>WILLARD</i> c. (Last) <i>FISK</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Sept. 9, 1950</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May 16, 1890</i>
9. AGE (in years last birthday) <i>60</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Day Laborer</i>	
11. BIRTH PLACE (State or foreign country) <i>Rock Valley Iowa</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	
14. NAME OF HUSBAND OR WIFE <i>Jessie Fisk</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	
16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <i>Jessie Patton</i> ADDRESS <i>Rock Post, Mo.</i>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Gastric Hemorrhage</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Peptic Ulcer</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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 <i>Sept 4</i> , 19 <i>50</i> , to <i>Sept 9</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>Sept 9</i> , 19 <i>50</i> , and that death occurred at <i>5:30 P. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Paul W. Musgrave D.M.D.</i>		23b. ADDRESS <i>Fairfax, Missouri</i>	
23c. DATE SIGNED <i>9-15-50</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>Sept 10, 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Hilltop Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Rock Post, Missouri</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Harvin W. Schooled</i> ADDRESS <i>Funeral Home Fairfax</i>	
DATE REC'D BY LOCAL REG. <i>Sept 17 1950</i>		REGISTRAR'S SIGNATURE <i>Harvin W. Schooled</i>	



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 Marvin H. Schaefer

Licensed Embalmer No. 4167

P. O. Address Lairford, Missa

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.