No. 300
10.48

FILED OCT 17 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 35863

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6091 Registrar's No. 39

0970

**1. PLACE OF DEATH**
a. COUNTY: SALINE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EMMA
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): Saline Co. Side

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SALINE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EMMA. 0970
d. STREET ADDRESS (If rural, give location): Saline Co. Side

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) c. (Last) FISCHER
4. DATE OF DEATH (Month) (Day) (Year): OCT 10 1950
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: APRIL 18, 1864
9. AGE (In years last birthday): 86 If under 1 year: Months 8 Days 22 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): STOVER, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: FREDRICK FISCHER
13b. MOTHER'S MAIDEN NAME: SOPHIE HEINIKE
14. NAME OF HUSBAND OR WIFE: WILHELMINA FISCHER
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.: No
17. INFORMANT'S SIGNATURE OR NAME: ELLA FISCHER ADDRESS: Emma Mo

**MEDICAL CERTIFICATION**

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Cerebral hemorrhage.

DUE TO (c) Myocarditis.

II. OTHER SIGNIFICANT CONDITIONS — 331X

*Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: —
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 Sept 12, 1939, to Oct. 10, 1950, that I last saw the deceased alive on Oct. 10, 1950, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE: Edmund Fischer (Degree or title) M.D.
23b. ADDRESS: Concordia, Mo
23c. DATE SIGNED: 10/12/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 14 1950
24c. NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery
24d. LOCATION (City, town, or county) (State): EMMA MO

DATE REC'D BY LOCAL REG.: 10/12/50
REGISTRAR'S SIGNATURE: Dolly Andrews 293
25. FUNERAL DIRECTOR'S SIGNATURE: E. S. James ADDRESS: Concordia, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-16-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-16-50

## 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 Me

Student Embalmer No.

working under my personal supervision.

Student .....
Student Embalmer

Signed E. S. Jamia

Licensed Embalmer No. 2058

P. O. Address Concordia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.