

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40704**
Registrar's No. **5065**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY OR TOWN **Kansas City**
c. LENGTH OF STAY (In this place) **3 1/2 mos.**
d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Mary's Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Moniteau**
c. CITY OR TOWN **Tipton**
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
a. (First) **LAURA** b. (Middle) **E.** c. (Last) **FISCHER**
4. DATE OF DEATH (Month) (Day) (Year) **11 30 50**

5. SEX **Fe** 6. COLOR OR RACE **Wh** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **2-8-1887** 9. AGE (In years last birthday) **63** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Own Home** 11. BIRTHPLACE (State or foreign country) **Tipton, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Knipp** 13b. MOTHER'S MAIDEN NAME **Rhoda Bestgen** 14. NAME OF HUSBAND OR WIFE **Edward J. Fischer**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **XX** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Leonard J. Fischer** ADDRESS **North Kansas City**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hepatic artery laceration**
ANTECEDENT CAUSES **None known**
DUE TO (b) **None known**
DUE TO (c) **None known**
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 years**
155X

19a. DATE OF OPERATION **9-8-48** 19b. MAJOR FINDINGS OF OPERATION **Pathology confirmed by biopsy of liver** 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) 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 **9-8-48** to **11-30-50**, that I last saw the deceased alive on **4-30-50**, 19**50** and that death occurred at **8:50 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE **M. J. Owens** (Degree or title) **M.D.** 23b. ADDRESS **606 Grand St. No. 12/1/50** 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **12-2-50** 24c. NAME OF CEMETERY OR CREMATORY **St. Andrews** 24d. LOCATION (City, town, or county) (State) **Tipton Mo.**

DATE REC'D BY LOCAL REG. **12-1-50** REGISTRAR'S SIGNATURE **Sheraldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **J.W. Wagner** ADDRESS **K 6 Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

11-2813
No. 11-2813

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. 357

Signed Ralph Baughman
Student Embalmer

Signed Alvin R. Harnischchild

Licensed Embalmer No. 4159

P. O. Address K. C. 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.