

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

State File No. **41558**

FILED JAN 3 1951

BIRTH NO. _____ REG. DIST. NO. **234** PRIMARY REG. DIST. NO. **4349** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan 0710	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stover		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stover 0	
c. LENGTH OF STAY (in this place) 7 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Stover, Mo.		d. STREET ADDRESS (If rural, give location) Stover, Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) W.	c. (Last) Fischer	4. DATE OF DEATH (Month) (Day) (Year)	Dec. 13, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH June 8, 1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 6 Days 5	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer	10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (State or foreign country) Stover, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Henry Fischer	13b. MOTHER'S MAIDEN NAME Mattie Meyer	14. NAME OF HUSBAND OR WIFE none
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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. none	17. INFORMANT'S SIGNATURE OR NAME Wm. Fischer	ADDRESS Stover, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 6 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchogenic Ca (?)		2 years
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis many years		1102X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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)
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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
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22. I hereby certify that I attended the deceased from **Dec. 1, 1950**, to **Dec 9, 1950**, that I last saw the deceased alive on **Dec 9, 1950**, and that death occurred at **7 P.M.** m., from the causes and on the date stated above.

23a. SIGNATURE Ruth Kaufman, M.D. (Degree or title)	23b. ADDRESS Versailles, Mo.	23c. DATE SIGNED Dec. 15, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 15, 1950	24c. NAME OF CEMETERY OR CREMATORY Stover Cemetery	24d. LOCATION (City, town, or county) (State) Stover, Mo.
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DATE REC'D BY LOCAL REG. Dec 27th 1950	REGISTRAR'S SIGNATURE Wm. K. Reppinger	25. FUNERAL DIRECTOR'S SIGNATURE J. L. Stevenson	ADDRESS Stover Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

5710

RECEIVED 1-3-57

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-2-57

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 _____

James R. Scribner

Student Embalmer No. 404

working under my personal supervision.

Student *James R. Scribner*
Student Embalmer

Signed *J. L. Stevenson*
Licensed Embalmer No. 4073

P. O. Address *Stover, 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.