

FILED FEB 12 1951

STANDARD CERTIFICATE OF DEATH

State File No. **310**
106

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		7134 Registrar's No. _____		100 _____			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dekalb</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route #1 Washington</u>					c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stewartsville, Route #2</u>						
c. LENGTH OF STAY (in this place) <u>1- Day</u>					0370						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>nn #1, St. Joseph</u>					d. STREET ADDRESS (If rural, give location) <u>24 Miles East of St. Joseph,</u>						
About 2 Miles So. East											
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Anna</u>		b. (Middle) <u>Sophia</u>		c. (Last) <u>Fisher</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31, 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 12, 1881</u>		9. AGE (In years last birthday) <u>69</u>		10. UNDER 1 YEAR Months Days 11. UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Cwn Home</u>				11. BIRTHPLACE (State or foreign country) <u>Easton, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Sebastien Kessler</u>				13b. MOTHER'S MAIDEN NAME <u>Louisa Schleicher</u>			
14. NAME OF HUSBAND OR WIFE <u>Albert M.</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mr Oscar Fisher</u>				ADDRESS <u>St. Joseph, Mo. Rt. 1</u>							
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.											
MEDICAL CERTIFICATION											
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> <u>appx 5mm</u>											
ANTECEDENT CAUSES											
DUE TO (b) <u>Coronary Heart Disease</u>											
DUE TO (c) <u>Hypertention, Arterio-sclerotic Arteriosclerosis</u>											
II. OTHER SIGNIFICANT CONDITIONS											
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4/20/1</u>			
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 <u>10-29</u> , 19 <u>48</u> , to <u>1-31</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-8</u> , 19 <u>50</u> , and that death occurred at <u>9:00P.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Wm. B. Root</u>						23b. ADDRESS <u>510 Carly Bell</u>			23c. DATE SIGNED <u>2-2-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>Feb. 5, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hurlingen, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Feb 8, 1951</u>				REGISTRAR'S SIGNATURE <u>Carl C. Cato</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman W. Sider</u> ADDRESS <u>1802 Union St.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Elmer Thomas

Licensed Embalmer No. *2640*

P. O. Address *St. Joseph, 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.