

FILED MAR 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8021

37

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5439 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Canaan Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Canaan Twp.</u> <u>0370</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rosebud Route</u>		d. STREET ADDRESS (If rural, give location) <u>Rosebud Route</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Antony</u> b. (Middle) <u>Frank</u> c. (Last) <u>Fisher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 1 - 1951</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>9-20-1885</u>
9. AGE (In years last birthday) <u>65</u>		10. UNDER 1 YEAR Days	11. UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Section man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (State or foreign country) <u>9</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>William Fisher</u>	
13b. MOTHER'S MAIDEN NAME <u>Antonia Frecheck</u>		14. NAME OF HUSBAND OR WIFE <u>Bell Butler Fisher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>**</u>		16. SOCIAL SECURITY NO. <u>708-14-6480</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Eddie Fisher</u>		ADDRESS <u>Owensville, Mo.</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>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Essential Hypertension</u>	
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)	
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) (Min.)		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>2</u> , 19 <u>46</u> , to <u>2-28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-28</u> , 19 <u>51</u> , and that death occurred at <u>12:30a</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Charles H. Schmidt</u>		23b. ADDRESS (Declarator title) <u>Dr.</u>	
23c. DATE SIGNED <u>3-1-51</u>		24a. BURIAL CREMATION REMOVAL (Specify) <u>0</u>	
24b. DATE <u>3-3-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Methodist Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Rosebud, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Welford H. H. Winters</u>	
DATE REC'D BY LOCAL REG. <u>3/3/51</u>		REGISTRAR'S SIGNATURE <u>363 Dorothy Wallace</u>	
25. ADDRESS <u>Owensville, Mo.</u>		25. ADDRESS <u>Owensville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 20 1951

RECEIVED

MAR 20 1951

APR 2 1951

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 Me Winters

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.