S. No. 300
V. 10.48

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FILED MAY 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1690

State File No. 13517

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla
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): McFarland Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Mo
b. COUNTY: Texas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Sherrell
d. STREET ADDRESS (If rural, give location): 3 Mi. W. of Licking Mo

3. NAME OF DECEASED (Type or Print)
a. (First) Henry b. (Middle) Herman c. (Last) Fischer

4. DATE OF DEATH (Month) (Day) (Year): 4-21-1951

5. SEX: Mo
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-18-1864
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 4 Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Tool & Die Makers
11. BIRTHPLACE (State or foreign country): Dartmund Germany
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Not Known
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF HUSBAND OR WIFE: Sallie 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.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Bernice E. Fischer — ADDRESS: Licking Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr myocarditis c̄ acute — INTERVAL BETWEEN ONSET AND DEATH: 3 ~~yrs~~ Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) failure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4222
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* 3 months, 19__, *that I last saw the deceased alive on* 4-, 1951, *and that death occurred at* 1:P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. E. Feind M.D.
23b. ADDRESS: Rolla Mo
23c. DATE SIGNED: 4-24-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-23-51
24c. NAME OF CEMETERY OR CREMATORY: Craddock Cem
24d. LOCATION (City, town, or county) (State): Texas Co Mo

DATE REC'D BY LOCAL REG.: Apr. 24, 1951
REGISTRAR'S SIGNATURE: Nadine L. Stoll 380
25. FUNERAL DIRECTOR'S SIGNATURE: Smith & Ferguson — ADDRESS: Licking Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Phelps County Health Officer,
County File Number
Date Filed April 30, 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

Student Embalmer No.

working under my personal supervision.

Student .....
Student Embalmer

Signed Eubert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking 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.