

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20136

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2485

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>CITY OR TOWN KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>OR TOWN KANSAS CITY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>		d. STREET ADDRESS (If rural, give location) <b>2456 Olive Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MAUDE</b> b. (Middle) <b>HOLBERT</b> c. (Last) <b>FISHBACK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 7 1951</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED /</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>/</b>		8. DATE OF BIRTH <b>JANUARY 28 1880</b>	
11. BIRTHPLACE (State or foreign country) <b>WYANDOTTE COUNTY, KANSAS</b>			9. AGE (In years last birthday) <b>71</b> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Mins. _____		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			14. NAME OF HUSBAND OR WIFE <b>MASON FISHBACK</b>		

13a. FATHER'S NAME <b>FOUNTAIN HOLBART</b>		13b. MOTHER'S MAIDEN NAME <b>MARY ELITS</b>		14. NAME OF HUSBAND OR WIFE <b>MASON FISHBACK</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>IZORA ANDERSON</b>	
				ADDRESS <b>1624 Garfield Avenue</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>INTERVAL BETWEEN ONSET AND DEATH</b>		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>INANITION</b>		PULMONARY CONGESTION & EDEMA	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>OLD CEREBRAL VASCULAR ACCIDENT WITH DECUBITUS ULCERS</b>	
		DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS: <b>ANOREXIA MALNUTRITION</b>		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)		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) (Minute)		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 5-16, 1951, to 6-7, 1951, that I last saw the deceased alive on 6-7, 1951, and that death occurred at 3:00P m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. Frank Elits</b>		23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>6-8-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 12, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln</b>	
				24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>6-11-51</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Fannie L. Meek</b>	
				ADDRESS <b>Kansas City 8, MO.</b>	

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Fannie L. Meek*

Licensed Embalmer No. *3819*

P. O. Address *Kansas City, 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.