

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22035
Registrar's No. 1963

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY-REG. DIST. NO. 3006

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	
d. TOWN NAME OF HOSPITAL OR INSTITUTION 211 West Ash St.		d. STREET ADDRESS (If rural, give location) 211 West Ash St.	

3. NAME OF DECEASED (Type or Print) a. (First) ALLIE	b. (Middle) JANE	c. (Last) FISHER	4. DATE OF DEATH (Month) (Day) (Year) July 28, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 16, 1863	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 12	Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Benjamin Erhardt	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Joseph Fisher
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Tom B. Fisher, Browns Station, Missouri
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial fibrillation DUE TO (c) Chronic Myocarditis Anterovascular		
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"/>
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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 July 20, 1951, to July 28, 1951, that I last saw the deceased alive on July 28, 1951, and that death occurred at 9 a.m., from the causes and on the date stated above.

23a. SIGNATURE Harry M. Griffith, M.D.	(Degree or title)	23b. ADDRESS Columbia, Mo	23c. DATE SIGNED Aug. 1, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 30, 1951	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	24d. LOCATION (City, town, or county) (State) Boone County, Missouri.
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DATE REC'D BY LOCAL REG. Aug 2 1951	REGISTRAR'S SIGNATURE Mrs. R. E. Palmer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker Funeral Service, Columbia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

105
1

RECEIVED 8-6-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-6-51 _____

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 _____

Joseph W. Phillip Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed *Tom M. Harg* _____

Licensed Embalmer No. *4067* _____

P. O. Address *Columbia, 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.