

FILED JUL 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. **22214**

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 317

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> | |
| c. LENGTH OF STAY (In this place) <u>Life</u> | | d. STREET ADDRESS (If rural, give location) <u>Hy 67 North</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hy 67 North</u> | | | |

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|---|----------------------------------|--|--|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Edward</u> c. (Last) <u>Fisher</u> | | | 4. DATE OF DEATH (Month) <u>July</u> (Day) <u>12</u> (Year) <u>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>June 22, 1880</u> | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>20</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u> | 11. BIRTHPLACE (State or foreign country) <u>Ashville, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

| | | |
|---|---|--|
| 13a. FATHER'S NAME <u>Charlie Fisher</u> | 13b. MOTHER'S MAIDEN NAME <u>Nettie Minton</u> | 14. NAME OF HUSBAND OR WIFE <u>Rhoda Fisher</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>NO.</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Rhoda Fisher, Poplar Bluff, Mo.</u> | ADDRESS <u>Poplar Bluff, Mo.</u> |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| ANTECEDENT CAUSES | | | |
| MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Hypertension</u> | |
| | | DUE TO (c) <u>Arteriosclerosis</u> | |

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|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>331x</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) |
|--|--|---|

| | | |
|---|---|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|---|----------------------------|

22. I hereby certify that I attended the deceased from 10 July, 1951, to 12 July, 1951, that I last saw the deceased alive on 10 July, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

| | | | |
|---|--------------------------------|--|------------------|
| 23a. SIGNATURE <u>Wm. H. Johnson</u> | (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Poplar Bluff, Mo.</u> | 23c. DATE SIGNED |
|---|--------------------------------|--|------------------|

| | | | |
|--|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7/14/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Three Springs</u> | 24d. LOCATION (City, town, or county) (State) <u>Butler Co., Mo.</u> |
|--|-----------------------------|--|---|

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|---|--|---|-------------------------------------|
| DATE REC'D BY LOCAL REG. <u>July 15 1951</u> | REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Greer Croy & Fitch</u> | ADDRESS <u>Poplar Bluff, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

124
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RECEIVED

JUL 25 1951
BUTLER CO. HEALTH CENTER

FILE No. 751-337

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed Joseph P. Matlock

Licensed Embalmer No. 4824

P. O. Address Poplar Bluff

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.