

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 18 1951

BIRTH NO. _____		REG. DIST. NO. 50		PRIMARY REG. DIST. NO. 5176		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY Camden County				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Camden			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Anglice)		c. LENGTH OF STAY (in this place) 6 mo		c. CITY (If outside corporate limits, write RURAL and give township) Rural Anglice Twp.		OR TOWN 0150	
d. FULL NAME OF HOSPITAL OR INSTITUTION Camden Co. MO				d. STREET ADDRESS (If rural, give location) Camden County			
3. NAME OF DECEASED (Type or Print)		a. (First) Annabelle		b. (Middle) Olive		c. (Last) Fisher	
4. DATE OF DEATH (Month) (Day) (Year) 7 7 1951		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Not married	
8. DATE OF BIRTH June 4 1947		9. AGE (in years last birthday) 4		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		11. BIRTHPLACE (State or foreign country) Ramona Kansas	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Kenneth W Fisher		13b. MOTHER'S MAIDEN NAME Sylvia R [unclear]		14. NAME OF HUSBAND OR WIFE Not married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 89291		17. INFORMANT'S SIGNATURE OR NAME Kenneth Fisher ADDRESS Stoutland MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				few minutes	
*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) _____	
DUE TO (c) _____		DUE TO (c) _____				DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 015 22				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Anglice Twp Camden MO			
21d. TIME OF INJURY July 7 1951 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Accidental drowning - in pond			
22. I hereby certify that I attended the deceased from July 7, 1951 , to July 7, 1951 , that I first saw the deceased alive on July 7, 1951 , and that death occurred at 4:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE E. E. [unclear]				23b. ADDRESS Stoutland MO		23c. DATE SIGNED July 8 1951	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE July 9 1951		24c. NAME OF CEMETERY OR CREMATORY Clearwater		24d. LOCATION (City, town, or county) (State) Clearwater Kansas	
DATE REC'D BY LOCAL REG. July 9 1951		REGISTRAR'S SIGNATURE Zilpha [unclear]		25. FUNERAL DIRECTOR'S SIGNATURE [unclear] ADDRESS [unclear]			

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

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RECEIVED 7-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-17-51

AUG 18 1955

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Dorsey M Howe

Licensed Embalmer No. 4222

P. O. Address Lubauson M

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.

[Handwritten signature]