

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23465

State File No.

No. 300
10.48

FILED JUL-23 1951

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 1249 Registrar's No. 52

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

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hillsboro</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holcomb</u>	
c. LENGTH OF STAY (In this place) <u>1 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ceder Grove Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Arthur</u> c. (Last) <u>Fisher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 7 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Oct. 3, 1876</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR: Months <u>4</u> Days <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Humboldt, Tenn.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>James Fisher</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Roxie Fisher</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Richard Fisher</u> ADDRESS <u>Gideon, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis, with mental deterioration</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year +</u>
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>				
		DUE TO (c) _____				
		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 <u>334X</u>		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) _____	
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? _____	

22. I hereby certify that I attended the deceased from Jan 10, 1951, to Feb. 7, 1951, that I last saw the deceased alive on Feb. 6, 1951, and that death occurred at 8:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas A. Donnell M.D.</u> (Degree or title)		23b. ADDRESS <u>Desoto, Mo</u>		23c. DATE SIGNED <u>7-3-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-9-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>		24d. LOCATION (City, town, or county) (State) <u>Near Clarkton, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>7-9-51</u>		REGISTRAR'S SIGNATURE <u>Kathleen Mercedes</u>		25. EMBALMER'S SIGNATURE <u>Leslie Russell Corning Ark</u> ADDRESS _____	
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(Licensed Embalmer's Statement on Reverse Side)

VS
NOV 30 1980

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 7-21-81

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

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed:

Leslie D. Russell

Licensed Embalmer No. 3855-176

P. O. Address Cornish Ark. Ex.

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.