

FILED AUG 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. 23533

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 518

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0530</u> OR TOWN <u>Competition Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Long Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route</u>	

3. NAME OF DECEASED a. (First) <u>Joseph</u> b. (Middle) <u>Samuel</u> c. (Last) <u>Fisher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 4, 1951</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 20, 1865</u>	9. AGE (In years last birthday) <u>86</u>	10. UNDER 1 YEAR Months <u>2</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTH PLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>James L. Fisher</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Shaper Belle Fisher</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James Brock</u> ADDRESS <u>Competition</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>(1)</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>angina pectoris</u>		
	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"/>
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 8-2-, 1951, to 8-4-, 1951, that I last saw the deceased alive on 8-4-, 1951, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. E. Howell</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Lebanon, Mo.</u>	23c. DATE SIGNED <u>8-4-51</u>
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/7/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stark Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>near Lynchburg Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-7-1951</u>	REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>	424	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Helmsman</u> ADDRESS <u>Lebanon, Mo.</u>
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(Licensed Embelmer's Statement on Reverse Side)

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

1532  
2

Received ..... AUG 11 1951 .....

Laclede County Health Unit

File No. .... 8.51-1.07 .....

Date Filed ..... AUG 13 1951 .....

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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 *Dorsey M. Howe*.....

Licensed Embalmer No. *4222*.....

P. O. Address *Lebanon, 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.