

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27744

FILED SEP 11 1951

BIRTH NO. 0750 REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386 Registrar's No.

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE Missouri b. COUNTY Oregon	
b. CITY OR TOWN Thayer		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thayer	
c. LENGTH OF STAY (In this place) 45 Yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) ROBERT c. (Last) STALEY FISHER			4. DATE OF DEATH (Month) (Day) (Year) August 19, 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 1, 1880	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 1	IF UNDER 1 DAY Days 18	IF UNDER 1 HR. Hours 	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad engineer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME W. F. Fisher	13b. MOTHER'S MAIDEN NAME Louvenia Manning	14. NAME OF HUSBAND OR WIFE Gladys 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 Mrs. Gladys Fisher	ADDRESS Thayer, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Caecina of Prostata		INTERVAL BETWEEN ONSET AND DEATH 1949
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ 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	20. AUTOPSY? 177X 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Aug 1, 1949**, to **Aug 19, 1951**, that I last saw the deceased alive on **Aug 19, 1951**, and that death occurred at **10:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.	23b. ADDRESS Thayer Mo	23c. DATE SIGNED 9/4/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 21, 1951	24c. NAME OF CEMETERY OR CREMATORY Thayer Cemetery	24d. LOCATION (City, town, or county) (State) Thayer, Missouri
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DATE REC'D BY LOCAL REG. Sept 7-51	REGISTRAR'S SIGNATURE Ella Cross	25. EMERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Thayer, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Co. 471.50/H

RECEIVED

SEP 10 1951

DISTRICT HEALTH OFFICE

No.....

SEP 11 1951

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.....

Richard Carter

Signed.....

Student Embalmer

Licensed Embalmer No. 4516

P. O. Address Shenandoah

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.