

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30903**

FILED SEP 25 1951

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 4349 Registrar's No. 23

0711

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

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stover, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stover, Mo.	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Stover, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stover, Mo.			

3. NAME OF DECEASED (Type or Print) William Fischer	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 17, 1860	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 11 Days 27	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Stover, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Frederick Fischer	13b. MOTHER'S MAIDEN NAME Adelheid Weihers	14. NAME OF HUSBAND OR WIFE none
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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. none	17. INFORMANT'S SIGNATURE OR NAME Wm. Tagtmeyer	ADDRESS Stover, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day 10 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute fulminant edema		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease 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	4200	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)
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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 July, 1950, to Sept, 1951, that I last saw the deceased alive on Sept. 14, 1951, and that death occurred at 1:30A on, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jack Gunn MD	23b. ADDRESS Versailles, Mo.	23c. DATE SIGNED 9.15.51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 16, 1951	24c. NAME OF CEMETERY OR CREMATORY Stover Cemetery	24d. LOCATION (City, town, or county) (State) Stover, Mo.
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DATE REC'D BY LOCAL REG. Sept 18th 1951	REGISTRAR'S SIGNATURE Thos. K. Kipberger	25. FUNERAL DIRECTOR'S SIGNATURE J. K. Swinson	ADDRESS Stover, Mo.
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RECEIVED 9 24-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-24-51 _____

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 _____

Ja. S. R. Scrivner

Student Embalmer No. 404

working under my personal supervision.

Student

James R. Scrivner
Student Embalmer

Signed

J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover, 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.