

No. 300
10.48

34335

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 9 1951

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 7318 Registrar's No. 49

630
1

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

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vienna, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vienna, Mo.	
c. LENGTH OF STAY (In this place) 30Yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Josephine	c. (Last) Fisher	4. DATE OF DEATH (Month) (Day) (Year) Oct. 28, 1951.
-------------------------------------	------------------------	------------------------------	-------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 24, 1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 4 Hours 4 Min.
----------------------	-------------------------------	---	---------------------------------------	---	-------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	--

13a. FATHER'S NAME James Harrison	13b. MOTHER'S MAIDEN NAME Martha Glasco	14. NAME OF HUSBAND OR WIFE Charles Fisher
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Charles Fisher, Vienna, Mo.	ADDRESS Mo.
--	-------------------------------	--	--------------------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 4201	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) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:15A** m., from the causes and on the date stated above.

23a. SIGNATURE M. O. Birmingham (Print name or title)	23b. ADDRESS Vienna Mo	23c. DATE SIGNED 10/30/51
--	-------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 30, 1951.	24c. NAME OF CEMETERY OR CREMATORY Vienna Cemetery	24d. LOCATION (City, town, or county) (State) Vienna, Mo.
---	---------------------------------	---	--

DATE REC'D BY LOCAL REG. 10-31-51	REGISTRAR'S SIGNATURE Pauline Howard	GENERAL DIRECTOR'S SIGNATURE M. O. Birmingham	ADDRESS Vienna, Mo.
--	---	--	----------------------------

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 3 1951

RECEIVED

NOV 1 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
Student Embalmer

Student Embalmer No. _____

Signed *W. P. Cunningham*

Licensed Embalmer No. *3664*

P. O. Address *Cleming 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.