

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15932**

FILED MAY 26 1952

BIRTH NO.		REG. DIST., NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 121	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City 8 days		c. LENGTH OF STAY (If this place) 8 days		c. CITY (If outside corporate limits, write RURAL and give township) Rural		0264	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				d. STREET ADDRESS (If rural, give location) Rt. 2, J.C. Mo. - 7 miles - S.W. of J.C. Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle) Fischer			c. (Last) Fischer	
4. DATE OF DEATH (Month) (Day) (Year) May 23, 1952		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH May 1, 1923		9. AGE (In years last birthday) 29		IF UNDER 1 YEAR Months 0 Days 21		IF UNDER 1 HR. Hours Mins. 	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Cole County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Adam Fischer			13b. MOTHER'S MAIDEN NAME Katherine Rank			14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, but unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. O.H. Hoose		ADDRESS J.C. 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Typhlophritis				INTERVAL BETWEEN ONSET AND DEATH about 5 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Chronic cystitis				about 5 days	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 605X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
2. I hereby certify that I attended the deceased from May 12, 1952 , to May 24, 1952 , that I last saw the deceased alive on May 22, 1952 , and that death occurred at 8:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Marshall W. Kelly M.D.				23b. ADDRESS Jefferson City		23c. DATE SIGNED 5/23/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE May 24, 1952		24c. NAME OF CEMETERY OR CREMATORY River View		24d. LOCATION (City, town, or county) (State) Cole County Mo.	
DATE REC'D BY LOCAL REG. May 23-52		REGISTRAR'S SIGNATURE R.P. Dorris MD-DR		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lanna Serine - 700 Jefferson			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3641

P. O. Address Geno.

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.