

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21486**

5. No. 300
v. 10.48

REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **59**

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

3. NAME OF DECEASED (Type or Print)	a. (First) MADISON	b. (Middle) JOHN	c. (Last) FISHBACK	4. DATE OF DEATH (Month) (Day) (Year) JUNE 29, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec. 17, 1864	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 6 Days 12	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Retired Carpenter	11. BIRTHPLACE (State or foreign country) Pike Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME John Fishback	13b. MOTHER'S MAIDEN NAME Susan M. Clayton	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS William Fisher, Louisiana, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery In-		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Suffering Chronic Arteriosclerotic Due to (c) Cordis vascular Res		
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"/>
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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)	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 **9-27, 1951**, to **6-29, 1952**, that I last saw the deceased alive on **6-28, 1952**, and that death occurred at **6:15A m.**, from the causes and on the date stated above.

23a. SIGNATURE Chas. H. Hewellen M.D. (Degree or title)	23b. ADDRESS Louisiana, Mo.	23c. DATE SIGNED 6.30.52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/1/52	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Louisiana, Missouri
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DATE REC'D BY LOCAL REG. July 1, 1952	REGISTRAR'S SIGNATURE Bernice Collier	25. FUNERAL DIRECTOR'S SIGNATURE sterne Funeral Home, Louisiana, Mo. ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

821
C

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 Virginia M. Sterne

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.