

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 24257

FILED AUG 11 1952

BIRTH NO. 35375 REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3027 Registrar's No. 79

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

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Harrison</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Harrison</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany mo. Letchum</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Lincoln 0410</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rind Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>West Hatfield mo</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Terry Lynn</u> b. (Middle) <u>Fish</u> c. (Last) <u>Fish</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 27-52</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unmarried</u> | 8. DATE OF BIRTH <u>June 27-52</u> |
| 9. AGE (In years last birthday) <u>11</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | 11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Samuel E. Fish</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah L. Mathe</u> | 14. NAME OF HUSBAND OR WIFE <u>Infant</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Shimon Fish Hatfield mo</u> | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Difficult labor</u> 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? 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) (Min.) | 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 <u>6-27</u> , 19 <u>52</u> , to <u>6-27</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-27</u> , 19 <u>52</u> , and that death occurred at <u>12:45 P</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>S. M. Poope D.O.</u> | | 23b. ADDRESS <u>Bethany Mo</u> | 23c. DATE SIGNED <u>8-3-52.</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 27 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Long Rock Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>W. M. W. Eastville mo</u> |
| DATE REC'D BY LOCAL REG. <u>8/5/52</u> | | REGISTRAR'S SIGNATURE <u>Zola Bowers</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Bowers</u> | | ADDRESS <u>Richway</u> | |

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 Robert R. Boggers

Licensed Embalmer No. 35-76

P. O. Address Rich Leway St

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.