

FILED NOV 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35747
Registrar's No. 16

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 5808

1. PLACE OF DEATH a. COUNTY MONTGOMERY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Beverly		c. CITY (If outside corporate limits, write RURAL and give township) Rural 3 miles north	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 6700	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) AUGUST b. (Middle) REINHOLD c. (Last) FISCHER			4. DATE OF DEATH (Month) (Day) (Year) Oct 29 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 13 1870
9. AGE (In years last birthday) 82		10. IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Germany 4
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME August Fischer		13b. MOTHER'S MAIDEN NAME Unknown	13c. NAME OF HUSBAND OR WIFE Mary Fischer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Mary Fischer ADDRESS High Hill Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MASSIVE CEREBRAL HEMMORRAGE		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) ARTERIO-SCLEROTIC NEPHRITIS	
DUE TO (c) Chronic MYOCARDITIS		Interval between onset and death Several years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 442X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) suicide	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 Aug 5 - 1952 to Oct 29, 1952 , that I last saw the deceased alive on Oct 22, 1952 and that death occurred at 9 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE James O. Helm M.D. (Degree or title)		23b. ADDRESS New Florence Mo.	23c. DATE SIGNED 11-2-52
24a. BURIAL, CREMATION, REMOVAL (Specify) buried	24b. DATE Oct 31 52	24c. NAME OF CEMETERY OR CREMATORY Somebody	24d. LOCATION (City, town, or county) (State) Mo
DATE REC'D BY LOCAL REG. 11-5-52	REGISTRAR'S SIGNATURE Mrs May H. Miller	25. FUNERAL DIRECTOR'S SIGNATURE C. A. Harding ADDRESS Somebody Mo.	

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 Carl Seider

Licensed Embalmer No. 14115

P. O. Address Lowell, 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.