

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43134

State File No.

REC'D JAN 8 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>292</u>		PRIMARY REG. DIST. NO. <u>6000</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>RALLS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RALLS</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL SALINE TOWNSHIP</u>		c. LENGTH OF STAY (In this place) <u>48 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Saline Township</u>		d. STREET ADDRESS (If rural, give location) <u>Huntington.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HUNTINGTON</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>		b. (Middle) <u>WILLARD</u>		c. (Last) <u>FISHER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 18 1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 11th 1868</u>		9. AGE (In years last birthday) <u>84</u>	10. MONTHS <u>8</u>	11. DAYS <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER (RET)</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Euclair County Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN FISHER</u>			13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Mary E. Lonergan FISHER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary E. Fisher Huntington 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerotic heart disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>3 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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)		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>Jan 1952</u> , to <u>Dec 18 1952</u> , that I last saw the deceased alive on <u>Sept 7, 1952</u> , and that death occurred at <u>9:52 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. A. Hill M.D.</u>				23b. ADDRESS <u>Palmyra Mo.</u>		23c. DATE SIGNED <u>12/24/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-20-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JUDES CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>12/24/52</u>		REGISTRAR'S SIGNATURE <u>Clyde Wilkey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON & SON'S</u>		ADDRESS <u>Monroe City Missouri</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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APR 1 1953

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lucia L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.