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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4184 State File No. 953

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. _____ Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GERALD Mo.
c. LENGTH OF STAY (in this place): 75 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location): Mo Home Gerald Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gerald Mo. 0360
d. STREET ADDRESS (If rural, give location): C

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Alfred
c. (Last): Fiske

4. DATE OF DEATH (Month) (Day) (Year): 1 11 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 2 1857
9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months 5, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY: General Merchant
11. BIRTHPLACE (State or foreign country): Gerald Mo.
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: George A Fiske
13b. MOTHER'S MAIDEN NAME: Vinn C. Farrell
14. NAME OF HUSBAND OR WIFE: Talitha Nee Weisenman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Lois Kreter — **ADDRESS**: Owensville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Arterial Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Age & Some Generalized Arterial Sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 334 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12 — *, 19* 35 *, to* 1 — 11 *, 19* 53 *that I last saw the deceased alive on* 1 - 10 *, 19* 53 *, and that death occurred at* 2:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Chas A Schmidt MD (Degree or title)
23b. ADDRESS: Gerald Mo
23c. DATE SIGNED: 1-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-13-1953
24c. NAME OF CEMETERY OR CREMATORY: New Salem Cemetery
24d. LOCATION (City, town, or county) (State): Owensville Gasconade Mo

DATE REC'D BY LOCAL REG.: 1-16-53
REGISTRAR'S SIGNATURE: M H Matthews
25. FUNERAL DIRECTOR'S SIGNATURE: E J Meyer — **ADDRESS**: Gerald Mo.

(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 Stanley E. Mayer

Licensed Embalmer No. 40639

P. O. Address Gerald 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.