

BIRTH NO. REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5978 Registrar's No. 21

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

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Johnson		c. CITY (If outside corporate limits, write RURAL and give township) Humansville	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) Holly	c. (Last) Fisher	4. DATE OF DEATH (Month) (Day) (Year) 1 3 53
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5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 1, 1886	9. AGE (In years last birthday) 66	10 UNDER 1 YEAR Months 9	10 OVER 1 YEAR Days 2	10 HRS. Hours	10 MIN. Min.
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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) Urbana, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Fisher	13b. MOTHER'S MAIDEN NAME Malinda Moss	14. NAME OF HUSBAND OR WIFE Jennie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ina Louisa Weaver, Avenal, Cali	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			

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 checked="" 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 **Jan 3, 1953**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. David D. Brown, Polk County Mo.	(Degree of title)	23b. ADDRESS Mo. Dallas Mo.	23c. DATE SIGNED 1-6-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/8/53	24c. NAME OF CEMETERY OR CREMATORY Flemington Cemetery	24d. LOCATION (City, town, or county) (State) Flemington, Mo.
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DATE REC'D BY LOCAL REG. Feb 17, 1953	REGISTRAR'S SIGNATURE Ralph Gardner per Jewell	25. FUNERAL DIRECTOR'S SIGNATURE Beckwith Funeral Home, Humansville,	ADDRESS Mo.
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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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humansville 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.