

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10886

No. 300  
10-48

State File No. ....

FILED MAR 11 7 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5935 Registrar's No. 85

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>20 yrs</u>		0800	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD 1</u>		d. STREET ADDRESS (If rural, give location) <u>Sedalia RFD 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Steve</u> b. (Middle) <u>Fisher</u> c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>March 2, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 15, 1855</u>	9. AGE (In years last birthday) Months Days If under 1 year If under 2 hrs. <u>97</u> <u>3</u> <u>17</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Trust Fisher</u>	13b. MOTHER'S MAIDEN NAME <u>unk</u>	14. NAME OF HUSBAND OR WIFE <u>Eliza Williamson Fisher</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Helen Twyman - RFD 1</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery disease, long standing.</u>		
	ANTECEDENT CAUSES With angina pectoris. Arterio-sclerosis, general, long standing. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>General decline. Due to old age.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>XXXX</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No operation.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No, to all.</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No injury.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXXX</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>No injury.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>No injury.</u>
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22. I hereby certify that I attended the deceased from August, 1952 to March 2, 1953, that I last saw the deceased alive on March 2, 1953 and that death occurred at 2 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. B. Trauder</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>112 W. 4th Street, Sedalia, Mo.</u>	23c. DATE SIGNED <u>Mch. 3, 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-7-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-7-53</u>	REGISTRAR'S SIGNATURE <u>A. J. Campbell, M.D., Registrar</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. Kaugalen, Bro. - Sedalia, Mo.</u>
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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 \_\_\_\_\_

*James R. Askren*

Student Embalmer No. 477

working under my personal supervision.

Student *James R. Askren*  
Student Embalmer

Signed *Philip M. Laughlin*

Licensed Embalmer No. 3729

P. O. Address Adelphi, 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.