

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16709**

FILED MAY 1-1 1953

BIRTH NO. **27053** REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **98**

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

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b> <b>0972</b>	
c. LENGTH OF STAY (in this place) <b>4 hr. 10 min</b>		d. STREET ADDRESS (If rural, give location) <b>454 S. Grant</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>454 S. Grant</b>			

3. NAME OF DECEASED (Type or Print) <b>ROBERT THOMAS FIZER Jr.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 2 1953</b>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>
8. DATE OF BIRTH <b>May 2, 1953</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Robert Thomas Fizer</b>		13b. MOTHER'S MAIDEN NAME <b>Rita Joyce Ford</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Robt. T. Fizer</b> ADDRESS <b>Marshall Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from **May 2, 1953**, to **May 2, 1953**, that I last saw the deceased alive on **May 2, 1953**, and that death occurred at **6:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Geo. T. Nockles</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>T. E. Eastwood, Marshall Mo</b>		23c. DATE SIGNED <b>May 2 '53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-2-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oreaville</b>	
24d. LOCATION (City, town, or county) <b>Saline County Mo</b>		24e. (State) <b>Mo</b>			
DATE REC'D BY LOCAL REG. <b>May 2-1953</b>		REGISTRAR'S SIGNATURE <b>Redway J. Gray</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Harry Hershberger</b> ADDRESS <b>Marshall Mo</b>	

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-----

*Was not embalmed*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Harry Harshberger*

Licensed Embalmer No. *4357*

P. O. Address *Marshall 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.