

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35855**
Registrar's No. **4726**

FILED OCT 23 1953

BIRTH NO. REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).		
a. COUNTY JACKSON			a. STATE MISSOURI		
b. CITY (If outside corporate limits, write RURAL and give township) TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 12 days	c. CITY OR TOWN PARKVILLE		b. COUNTY PLATTE
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED			e. STREET ADDRESS (If rural, give location) Route 1		
a. (First) FRANK		b. (Middle) B.	c. (Last) FISHER JR		4. DATE OF DEATH (Month) (Day) (Year) September 29, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 29, 1897	9. AGE (In years last birthday) 55	If UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Officer		10b. KIND OF BUSINESS OR INDUSTRY U.S. ARMY Soldier		11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY Kansas	
13a. FATHER'S NAME Frank Fisher			13b. MOTHER'S MAIDEN NAME M. MYRTLE TERESA		14. NAME OF HUSBAND OR WIFE Helen FISHER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		16. SOCIAL SECURITY NO. 486-09-9466		17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records, Kansas City, Mo.	
18. CAUSE OF DEATH			MEDICAL CERTIFICATION		
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH 11 days		
II. ANTECEDENT CAUSES			DUE TO (b) Generalized atherosclerosis		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) Previous cerebral hemorrhages		
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 checked="" type="checkbox"/> NO <input 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 Sept. 17, 1953 , to Sept. 29, 1953 , XXXXXX and that death occurred at 6:15 A.M. , from the causes and on the date stated above.		
23a. SIGNATURE Richard C. Schaffer, M.D.			23b. ADDRESS V.A. HOSPITAL KANSAS CITY MISSOURI		23c. DATE SIGNED SEPT. 29, 1953
24a. BURIAL CREMATION (REMOVAL) (Specify)		24b. DATE Oct. 2, 1953	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		24d. LOCATION (City, town, or county) (State) FORT LEAVEN WORTH, KANSAS
DATE REC'D BY LOCAL REG. 10-1-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE D.H. Newsome Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

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.....
Signature of Student Embalmer

Signed..... *John B Lewis*

Licensed Embalmer No. *4875*

P. O. Address..... *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.