

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

917

State File No.

FILED JAN 11 1954

BIRTH NO. 77210-152 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY TEXAS	
b. CITY (If outside corporate limits, write RURAL and give town) SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) HOUSTON	
c. LENGTH OF STAY (in this place) 5 WKS		d. STREET ADDRESS (If rural, give location) 1070 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION BURGE HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) FRANKIE	b. (Middle) JOE	c. (Last) FISHER	4. DATE OF DEATH (Month) (Day) (Year) JAN 3 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH NOV. 28 1953	9. AGE (to years last birthday) 1 (Months) 6 (Days) 6 (Hours) 0 (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD	10b. KIND OF BUSINESS OR INDUSTRY CHILD	11. BIRTHPLACE (State or foreign country) SPRINGFIELD MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME RICHARD L. FISHER	13b. MOTHER'S MAIDEN NAME BARBRA STEPHENS	14. NAME OF HUSBAND OR WIFE ROY FISHER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ROY FISHER	ADDRESS HOUSTON MO
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 36 days
	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. Bronchopneumonia		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 491X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input 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 Nov. 28, 1953, to Jan 3, 1954, that I last saw the deceased alive on Jan 3, 1954, and that death occurred at 4:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul Busch M.D.	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 1/5/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 1-4-54	24c. NAME OF CEMETERY OR CREMATORY HOUSTON	24d. LOCATION (City, town, or county) (State) HOUSTON MO
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DATE REC'D BY LOCAL REG. 1-5-54	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeyer	ADDRESS Springfield, Mo.
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

Paul B...
[Signature]

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.....

Carl J. Glenn

Licensed Embalmer No. *47207*

P. O. Address *Springfield, 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.