

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1306

State File No.

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 265

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

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 3 Months d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Haven Manor Nursing Home		2. USUAL RESIDENCE (Where deceased lived. If institution—residence before admission). a. STATE Missouri b. COUNTY Buchanan c. CITY OR TOWN St. Joseph d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 0117	
3. NAME OF DECEASED (Type or Print) Catherine a. (First) Catherine b. (Middle) Fischer c. (Last) Fischer		4. DATE OF DEATH (Month) (Day) (Year) 1 17 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH June 5th, 1886
9. AGE (In years, last birthday) 67 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS.: Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME John E. Lange	
13b. MOTHER'S MAIDEN NAME Emma F. Friede		14. NAME OF HUSBAND OR WIFE E. K. Fischer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Genevieve Shelley		ADDRESS 3001 W. 50th Terr. Kansas City, Kans.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile Dementia</u> DUE TO (c) <u>Hypertension</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 36 hours 3 years 10 years 444X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Nov 27, 1953</u> , to <u>Jan 17, 1954</u> , that I last saw the deceased alive on <u>Jan 13, 1954</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J. W. Grauerholz</u> (Degree or title) MD		23b. ADDRESS <u>3527 Broadway, Kansas City, Mo.</u>	
23c. DATE SIGNED <u>Jan 18-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Jan. 19, 1954		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	
24d. LOCATION (City, town, or county) (State) Jackson Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE <u>Freeman Mortuary</u>	
25. ADDRESS Kansas City, Mo.		DATE REC'D BY LOCAL REG. <u>1-18-54</u>	
REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Freeman Mortuary</u>	

3527 / B. ...
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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.....
Signature of Student Embalmer

Signed *Walter H. Erwin*

Licensed Embalmer No. *43*

P. O. Address *H. C. ...*

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.