

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7684**

FILED APR 14 1954

BIRTH NO. _____ REG. DIST. NO. **16** PRIMARY REG. DIST. NO. **5076** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton 0060	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Richland Twp	c. LENGTH OF STAY (In this place) 40 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Richland Twp. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If rural, give location) Route 3	

3. NAME OF DECEASED (Type or Print) FREDERICK FISCHER			4. DATE OF DEATH (Month) (Day) (Year) April 6, 1954		
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec. 12, 1871		9. AGE (In years last birthday) 82'
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Ret.		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Brienzwiler, Switzerland 5		12. COUNTRY OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Peter Fischer	13b. MOTHER'S MAIDEN NAME Margaret Hooker	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mr. Fred Fischer, Route 2, Lamar, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) old age DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 6 Months
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 794X	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) Lamar Barton Mo
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

22. I hereby certify that I attended the deceased from **Jan 1, 1954**, to **April 5, 1954**, that I last saw the deceased alive on **April 1, 1954**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE D. R. Gueddar M.D. (Degree or title)	23b. ADDRESS Lamar Barton Mo	23c. DATE SIGNED 4-6-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 8, 1954	24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery	24d. LOCATION (City, town, or county) (State) Lamar, Mo.
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DATE REC'D BY LOCAL REG. Apr. 7-1954	REGISTRAR'S SIGNATURE Hazel St. Pugh 15-0	25. FUNERAL DIRECTOR'S SIGNATURE Chiles Funeral Home, Lamar, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Clarence H. Childs

Licensed Embalmer No. 3473

P. O. Address Lana 500

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.