

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9313**

FILED **MAR 29 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 3721

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cours</u>	
b. CITY OR TOWN <u>Brookfield</u>	c. LENGTH OF STAY (in this place) <u>4 week.</u>	c. CITY OR TOWN <u>Hale</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rod Standley Home Mead</u>		e. STREET ADDRESS (If rural, give location) <u>0179</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Joseph</u>	b. (Middle) _____	c. (Last) <u>Fifer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 26-1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 11-1880</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR: Months <u>0</u> Days <u>15</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Chillicothe Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Gasper Fifer</u>	13b. MOTHER'S MARDEN NAME <u>Martha Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Stadie Fifer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rod Standley</u>	ADDRESS <u>301 Mead Brookfield</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN INTERVIEW AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CIRCULATORY COLLAPSE</u>		<u>15 Min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARDIAC DECOMPENSATION (CONGESTIVE FAILURE)</u> DUE TO (c) _____		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4343</u>
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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? _____
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22. I hereby certify that I attended the deceased from SEPT. 1 1953 to MARCH 26 1954, that I last saw the deceased alive on MARCH 26 1954, and that death occurred at 6:30 PM from the causes and on the date stated above.

23a. SIGNATURE <u>John W. Winter</u>	(Degree or title) _____	23b. ADDRESS <u>Brookfield Mo.</u>	23c. DATE SIGNED <u>3/26/54</u>
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24a. BURIAL, CREMATION (Specify) <u>Burial</u>	24b. DATE <u>3/28/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hale Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-26-54</u>	REGISTRAR'S SIGNATURE <u>Nadine Hambach, Reg.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford W. Austin</u>	ADDRESS <u>Tina, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed.....  
*Clyford W. Justice*

Licensed Embalmer No. *22*.....

P. O. Address.....  
*Tina, 1*

**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.**