

No. 300
10.48

FILED APR 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12971**

BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **3055** Registrar's No. **34**

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

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Lack | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lack | |
| b. CITY OR TOWN Bolivar | c. LENGTH OF STAY (in this place) 60 yrs | c. CITY OR TOWN Bolivar | 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 312 E. Leach | | e. STREET ADDRESS (If rural, give location) 312 E. Leach 08 7 1/2 | |

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|--|----------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Clude b. (Middle) Emerson c. (Last) Fish | | | 4. DATE OF DEATH (Month) (Day) (Year) April 10 1954 | | |
| 5. SEX M | 6. COLOR OR RACE wh | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Mar 27 1879 | 9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months 0 Days 13 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance | | 10b. KIND OF BUSINESS OR INDUSTRY Salesman | 11. BIRTHPLACE (City and State or Foreign Country) Bear Grove Iowa | | 12. CITIZENRY OF WHAT COUNTRY? USA |

| | | |
|--|---|--|
| 13a. FATHER'S NAME Henry Fish | 13b. MOTHER'S MAIDEN NAME Jules Fisher | 14. NAME OF HUSBAND OR WIFE Helen Fish |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give year or dates of service) No | 16. SOCIAL SECURITY NO. 489-26-1759 | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Helen Fish Bolivar 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 4 hours |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4200 | 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) |
| 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 **July 1952**, to **April 10, 1954**, that I last saw the deceased alive on **April 10, 1954**, and that death occurred at **1:15 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE C. H. Barnes, M.D. | 23b. ADDRESS Bolivar, Mo | 23c. DATE SIGNED 4-12-54 |
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|---|---|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE April 13 1954 | 24c. NAME OF CEMETERY OR CREMATORY W.H. Olive Cemetery | 24d. LOCATION (City, town, or county) (State) Near Bolivar Mo |
| DATE REC'D BY LOCAL REG. April 17 1954 | REGISTRAR'S SIGNATURE Ralph Barber | 25. FUNERAL DIRECTOR'S SIGNATURE Ernest Olive | ADDRESS Bolivar Mo |

(Licensed Embalmer's Statement, on Reverse Side)

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.....

Licensed Embalmer No. 410

P. O. Address *Bellevue*

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.