

**STANDARD CERTIFICATE OF DEATH**

**15083**

State File No. \_\_\_\_\_

No. 300  
10-48

FILED JUN 8 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 5146 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Davis Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Davis Twp.</u>	
c. LENGTH OF STAY (in this place) <u>15 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi. SW Braymer, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. SW Braymer, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>3 mi. SW Braymer, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSIE</u> b. (Middle) <u>MARVIN</u> c. (Last) <u>FUHR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5/23/1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>11/13/1888</u>	9. AGE (in years last birthday) <u>65</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>? Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Charles D. Fuhr</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Sheets</u>		14. NAME OF HUSBAND OR WIFE <u>Lola N. Fuhr</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lola N. Fuhr, Braymer, Mo.</u>	

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) <u>Carcinoma of the Bladder</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>with metastases to the peritoneum, liver, ribs, and spine.</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u> <u>181X</u> <u>several years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic myocarditis (arteriosclerotic)</u>					
19a. DATE OF OPERATION <u>Oct 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of the Bladder with metastases</u>		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 June 1948, to May 23, 1954, that I last saw the deceased alive on May 23, 1954, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. S. Goldberg M.D.</u>		23b. ADDRESS <u>Braymer, Mo.</u>		23c. DATE SIGNED <u>5/24/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5/26/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Braymer, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>6-4-1954</u>		REGISTRAR'S SIGNATURE <u>471-0 Mrs. Catherine Zuppert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geneb. Michael, Braymer, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0130

0130

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JUN 9 1954

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

*Geneb. Michael*

Licensed Embalmer No. *4340*

P. O. Address *Braymer, 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.