

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15871****2308**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 32 years		c. CITY OR TOWN Kansas City		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION McC Powerlight Nestleton Park Ave				e. STREET ADDRESS (If rural, give location) 1801 North 46th St			
3. NAME OF DECEASED (Type or Print) a. (First) Herbert b. (Middle) Samuel c. (Last) Fisher			4. DATE OF DEATH (Month) (Day) (Year) May 20 1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 2 1919	
9. AGE (In years last birthday) 35		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor Power &			10b. KIND OF BUSINESS OR INDUSTRY Light Co.		11. BIRTHPLACE (City and State or Foreign Country) Kansas City Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Leoster Fisher			13b. MOTHER'S MAIDEN NAME Lena Vassar		14. NAME OF HUSBAND OR WIFE Ellena Fisher		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War 2 1942			16. SOCIAL SECURITY NO. 496-01-6599NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ellena Fisher 1801 N 46th St K.C. Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Death by Suffocation					INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, street, factory, office bldg., etc.) Factory		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 20 54		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Smothered in Coal Bin			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Hugh H. Owens (Degree or title) Registrar				23b. ADDRESS 1034 Rialto Bldg		23c. DATE SIGNED 5-21-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 24-1954		24c. NAME OF CEMETERY OR CREMATORY Maple Hill Crematory		24d. LOCATION (City, town, or county) (State) Kansas City Kansas	
DATE REC'D BY LOCAL REG. 5-22-54		REGISTRAR'S SIGNATURE Genevieve Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Passantino Bros KCMO			

(Licensed Embalmer's Statement on Reverse Side)

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

3

JUN 8 1927

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 *J. J. Passantino*

Licensed Embalmer No. *4550*

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.