

FILED JUN 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16353**

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>242</u>			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Joplin)		c. LENGTH OF STAY (In this place) 2 Yrs		c. CITY OR TOWN Joplin		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 2215 Empire Ave.				e. STREET ADDRESS (If rural, give location) 2215 Empire Ave.					
3. NAME OF DECEASED (Type or Print) George			a. (First) Thomas		b. (Middle) FISHER		c. (Last)		
4. DATE OF DEATH May 24, 1954			4. DATE (Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH August 1, 1868		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter			10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and State or Foreign Country) Canton North Carolina			12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Issac Fisher			13b. MOTHER'S MAIDEN NAME Mary Commay			14. NAME OF HUSBAND OR WIFE Sophia (DECEASED)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Henry Blaukat ADDRESS 1120 West 7th Joplin, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia				DUPLICATE TO (b) Chronic Myocarditis with hypertension					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				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 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) (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 Oct 23, 1953 , to May 24, 1954 , that I last saw the deceased alive on May 24, 1954 , and that death occurred at 1:45 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE <i>Clarence M. Fisher</i>				23b. ADDRESS 607 Frisco Bldg. Joplin, Mo.				23c. DATE SIGNED 5-25-1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 25, 1954		24c. NAME OF CEMETERY OR CREMATORY Osborne Memorial Park		24d. LOCATION (City, town, or county) (State) Joplin, Mo.			
DATE REC'D BY LOCAL REG. 5-28-54		REGISTRAR'S SIGNATURE <i>Ed S. James</i>		25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mort		ADDRESS Joplin, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 1 19
J221097 County Health Office
County File Number 54-6-4
Date Filed JUN 1 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *David Dellow*
Licensed Embalmer No. *3898*
P. O. Address *Joplin, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.