No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16795

BIRTH NO. _____ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 3049 Registrar's No. 84

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti
c. LENGTH OF STAY (in this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pemiscot County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN: Portageville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R. R. 2

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3. NAME OF DECEASED (Type or Print)
a. (First): Raymond
b. (Middle):
c. (Last): Fisher

4. DATE OF DEATH (Month) (Day) (Year): May 15, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 4, 1904
9. AGE (In years last birthday): 49
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): Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (City and State or Foreign Country): New Harmony, Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frank Fisher
13b. MOTHER'S MAIDEN NAME: Iva Wade
14. NAME OF HUSBAND OR WIFE: Grace Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: 495-16-7649
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Billie J. Fisher R.2 Portageville, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intractable Congestive Heart
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Failure – Myocarditis
DUE TO (c) + Pulmonary infarction

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4222
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 10, *1954, to* May 15, *1954, that I last saw the deceased alive on* May 15, *1954, and that death occurred at* 8 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. D. Kaiser
(Degree or title): M.D.
23b. ADDRESS: Hayti, Mo.
23c. DATE SIGNED: 5-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-17-54
24c. NAME OF CEMETERY OR CREMATORY: Portageville Cemetery
24d. LOCATION (City, town, or county) (State): Portageville, Mo.

DATE REC'D BY LOCAL REG.: 5-20-54
REGISTRAR'S SIGNATURE: John W. Germany
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Osburn Funeral Home, Wardell, Mo.

(Licensed Embalmer's Statement on Reverse Side)

5-110-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

MAY 26 1954

MAY 28 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James G. Dabu

Licensed Embalmer No. 41

P. O. Address Wardell

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