

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19874**
Registrar's No. **228**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 228			
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis					
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (in this place) 1 mo 19 da		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia		1904			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				d. STREET ADDRESS (If rural, give location) 1001 So. Missouri					
3. NAME OF DECEASED (Type or Print) a. (First) Helen b. (Middle) Florentine c. (Last) Fisher			4. DATE OF DEATH (Month) (Day) (Year) June 19 1954						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Dec. 30 - 1860			
9. AGE (In years last birthday) 93		10. MONTHS 5		11. DAYS 19		12. CITIZEN OF WHAT COUNTRY USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Florence Mo		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME John Henry Fisher			13b. MOTHER'S MAIDEN NAME Elizabeth Hurty			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Herbert Schrambler Sedalia					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia.				DUE TO (b) Senility.				36 hrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) E9029 Over 45				1 year.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Fracture of the Left Tibia - May 1st, 1954.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Medical and cast ### only.						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Fell out of bed on May 1st		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) / 32 (STATE)					
21d. TIME OF INJURY Don't know time.		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 May 1st, 1954 , to June 19th, 1954 , that I last saw the deceased alive on June 19th, 1954 , and that death occurred at 3:15 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE Jno. B. Carlisle, M.D.				23b. ADDRESS Sedalia, Missouri		23c. DATE SIGNED 6-21-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-21-54		24c. NAME OF CEMETERY OR CREMATORY Crown Hill		24d. LOCATION (City, town, or county) (State) Sedalia Mo			
DATE REC'D BY LOCAL REG. 6-22-54		REGISTRAR'S SIGNATURE Lavina Coontz, Deputy		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros		ADDRESS Sedalia			

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

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

K.P.M. Crary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.