

FILED OCT. 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34504

State File No.

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Belle</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>La Belle</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		f. STREET ADDRESS (If rural, give location) <u>0560</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Fifer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 8, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 21, 1889</u>	9. AGE (In years) (Last birthday) <u>65</u>	if UNDER 1 YEAR Days <u>6</u> Hours <u>17</u> if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Central City, Nebraska</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Ambros Parsons</u>		13b. MOTHER'S MAIDEN NAME <u>Name unknown</u>		14. NAME OF HUSBAND OR WIFE <u>George W. Fifer</u>	
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 <u>George W. Fifer</u> ADDRESS <u>La Belle, Missouri</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>Apoplexy</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u> <u>2 years</u>
		II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>			
		DUE TO (c) _____ III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cataracts on the eyes</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</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) (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. 7, 1954, to Oct. 8, 1954, that I last saw the deceased alive on Oct. 8, 1954, and that death occurred at 12:40 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harriet M. Graden</u>		23b. ADDRESS <u>D. O. La Belle, Mo.</u>		23c. DATE SIGNED <u>Oct. 9, 1954</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/10/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>La Plata, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>10-12-54</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. L. Loden, Jr.</u> ADDRESS <u>La Belle, Mo.</u>	
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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 myself....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Gladen Jr......
Licensed Embalmer No. 43.....

P. O. Address Labell.....

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.