

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36571

State File No. ....

FILED DEC 13 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1266

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		f. STREET ADDRESS (If rural, give location) <u>3112 Mitchell Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If in hospital or institution, give street address or location) <u>Rathbourn Nursing Home 1008 Church Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) _____ c. (Last) <u>Fischer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 30, 1954</u>
--	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>January 23, 1872</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
----------------------	-------------------------------	---	--	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baker Ret.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Fischer Bakery</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	---

13a. FATHER'S NAME <u>John Schneider</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Pippers</u>	14. NAME OF HUSBAND OR WIFE <u>Louis Fischer</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Theodore Ridge</u> ADDRESS <u>Green Bay, Wisc.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Causes of Stomach &amp; liver</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Liver troubles for last 40 years</u> DUE TO (c) <u>Severely constipated for many years</u>		
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) _____ m.	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 2, 192, to 11/30, 1954, that I last saw the deceased alive on 11/29, 1954, and that death occurred at 10:25A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>ME Bremer M.D.</u>	23b. ADDRESS <u>423 Main St., City</u>	23c. DATE SIGNED <u>12/2/54</u>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 3, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Dec. 6, 1954</u>	REGISTRAR'S SIGNATURE <u>485- Kathleen M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meisshoffer-Allmon, Inc. St. Joseph, Mo.</u>
--	---	--

---

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.....*Albert B. Harrington*.....  
Licensed Embalmer No...3258...

P. O. Address.....St. Joseph.....

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.