

STANDARD CERTIFICATE OF DEATH

FILED NOV 18 1954

BIRTH NO. REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 3420 Registrar's No. 15

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

3. NAME OF DECEASED a. (First) <i>LYNN</i> b. (Middle) <i>-</i> c. (Last) <i>FISH</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>October 9, 1954</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 14, 1893</i>	9. AGE (In years last birthday) <i>61</i>	IF UNDER 1 YEAR: Months <i>-</i> Days <i>-</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	

13a. FATHER'S NAME <i>Noah Fish</i>	13b. MOTHER'S MAIDEN NAME <i>Rebecca Bennett</i>	14. NAME OF HUSBAND OR WIFE <i>Wesley Fish</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Wesley Fish</i>	ADDRESS <i>Walcott, Missouri</i>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>37 minutes</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardiovascular Disease</i>		
	DUE TO (c)		
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 <i>4201</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *10/5/54*, 195*4*, to *10/9*, 195*4*, that I last saw the deceased alive on *10/9*, 195*4*, and that death occurred at *3 P.* m., from the causes and on the date stated above.

23a. SIGNATURE <i>John E. Cochran MD</i>	23b. ADDRESS <i>Walcott, Mo</i>	23c. DATE SIGNED <i>10/15/54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Oct. 13, 1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Burial Creek Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Bellingw Co., Missouri</i>
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DATE REC'D BY LOCAL REG. <i>J. Anderson</i>	REGISTRAR'S SIGNATURE <i>J. Anderson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Mrs. Elizabeth E. Morgan Sr.</i>	ADDRESS <i>Advance</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY
DEPARTMENT ..11-12-
COUNTY FILE NUMBER 115

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 *William H Morgan*.....

Licensed Embalmer No. *464*.....

P. O. Address *Advantage*.....

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.