

STANDARD CERTIFICATE OF DEATH

FILED JAN 18 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **3012** Registrar's No. **133**

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|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>CLAY</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>CLAY</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>EXCELSIOR SPRINGS</b> |  | c. CITY OR TOWN <b>EXCELSIOR SPRINGS</b>  |  |
| c. LENGTH OF STAY (in this place)  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>    |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>102 LINDEN</b>                                     |  | e. STREET ADDRESS (If rural, give location)<br><b>102 LINDEN 6002 0</b>   |  |

|   |            |                            |                         |   |
|---|------------|----------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) <b>EDWARD</b> | a. (First) | b. (Middle) <b>EVERETT</b> | c. (Last) <b>FISHER</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>DEC. 18, 1954</b> |
|---|------------|----------------------------|-------------------------|---|

|                    |                               |  |  |   |                           |                          |                         |
|--------------------|-------------------------------|--|--|---|---------------------------|--------------------------|-------------------------|
| 5. SEX <b>MALE</b> | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b> | 8. DATE OF BIRTH<br><b>JAN. 25, 1912</b> | 9. AGE (In years) (Last birthday) <b>42</b> | IF UNDER 1 YEAR<br>Months | IF UNDER 1 HRS.<br>Hours | IF UNDER 1 MIN.<br>Min. |
|--------------------|-------------------------------|--|--|---|---------------------------|--------------------------|-------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>ORDERLY</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>V. A. HOSPITAL</b> | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>MISSOURI 0</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
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| 13a. FATHER'S NAME<br><b>EVERETT E. FISHER</b> | 13b. MOTHER'S MAIDEN NAME<br><b>LILIAN HAMMOND</b> | 14. NAME OF HUSBAND OR WIFE<br><b>JACKIE SELLERS FISHER</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>YES WW II</b> | 16. SOCIAL SECURITY NO.<br><b>YES - UNKNOWN</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>JACKIE S. FISHER</b> | ADDRESS<br><b>102 LINDEN EXCELSIOR SPRINGS, Mo.</b> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 hours</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |  |

|                        |   |   |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>4201</b> | 20. AUTOPSY?<br>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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|  |  |                            |
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| 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? |
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22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 18 Dec. 1954, and that death occurred at 3:20A.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title)<br><b>Ralph L. Nicholson, M.D.</b> | 23b. ADDRESS<br><b>116 South Street Excelsior Springs, Mo.</b> | 23c. DATE SIGNED<br><b>18 Dec 1954</b> |
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|  |                              |  |  |
|--|------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 24b. DATE<br><b>12-20-54</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>SUNSET HILL</b> | 24d. LOCATION (City, town, or county) (State)<br><b>WARRENSBURG, Mo.</b> |
|--|------------------------------|--|--|

|   |  |   |   |
|---|--|---|---|
| DATE REC'D BY LOCAL REG.<br><b>12/29/54</b> | REGISTRAR'S SIGNATURE<br><b>Caroline Hutchings</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Claude Richard</b> | ADDRESS<br><b>Excelsior Springs Mo.</b> |
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

JAN 24 1955

MAY 17 1955

JAN 18 1955

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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 *Ralph E Van Lindingham*.....

Licensed Embalmer No. *400*  
*Ralph E Van Lindingham*  
P. O. Address.....

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.