

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

321

BIRTH NO. ....		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5133		Registrar's No. .... 24		
1. PLACE OF DEATH a. COUNTY Buchanan /				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Marion Twp		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN Easton		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION $\frac{1}{2}$ Mile East of New Hurlinger				e. STREET ADDRESS (If rural, give location) Rural Route #2 0110				
3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH			b. (Middle) MARY		c. (Last) FISHER		4. DATE OF DEATH (Month) (Day) (Year) JAN 2, 1955	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH January 6, 1863		
9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 60 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Buchanan County, Missouri		12. CITIZENRY OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Wiedmaier			13b. MOTHER'S MAIDEN NAME Waller Walburger		14. NAME OF HUSBAND OR WIFE Andy Fisher			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Fidel Kessler, RR #2, Easton, Mo.				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial insufficiency  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bowel Impaction					INTERVAL BETWEEN ONSET AND DEATH 3 mos          12 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION     4222					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)		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 Dec 1, 1954, to Jan 2, 1955, that I last saw the deceased alive on Jan 2, 1955, and that death occurred at 4:15P m., from the causes and on the date stated above.								
23a. SIGNATURE E. J. Quincy M.D.				23b. ADDRESS Stewartsville, Missouri		23c. DATE SIGNED 1-13-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan 5, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		24d. LOCATION (City, town, or county) (State) Buchanan County, Missouri		
DATE REC'D BY LOCAL REG. Jan 14, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Horton - Bowman		ADDRESS St. Joseph, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
*Eugene Wood*

Licensed Embalmer No. *3804*

P. O. Address *514 5th St*

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.