

FILED JAN 24 1955

STANDARD CERTIFICATE OF DEATH

State File No. 2202

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY St. Charles 09230		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (In this place) 3-Wks.	c. CITY OR TOWN Foley
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <sup>11</sup> Rural <sup>11</sup> Foley, Mo. 0570			

3. NAME OF DECEASED (Type or Print)	a. (First) Hiram	b. (Middle) Babel	c. (Last) Fisher	4. DATE OF DEATH (Month) (Day) (Year) Jan. 16 1955
-------------------------------------	------------------	-------------------	------------------	--

5. SEX Male 0	6. COLOR OR RACE Whited	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 18, 1884	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 28	Hours Min.
---------------	-------------------------	--	--------------------------------	------------------------------------	--------------------------	--------------------------	------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Franklin County, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	-------------------------------------

13a. FATHER'S NAME Curtis Fisher	13b. MOTHER'S MAIDEN NAME Susan Moman	14. NAME OF HUSBAND OR WIFE RosAnna Blackmann
----------------------------------	---------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR ADDRESS Hiram Fisher, Jr., Foley, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia	DUE TO (b) Chronic Lymphatic Leukemia	1 week
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		4 months

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
-----------------------------	---------------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
--	--	---------------------------------

22. I hereby certify that I attended the deceased from Oct. 4, 1954, to Jan. 16, 1955, that I last saw the deceased alive on Jan. 16, 1955, and that death occurred at 2:10 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dan Z. Randall M.D. 0	23b. ADDRESS 227 N. 5th St. Charles, Mo.	23c. DATE SIGNED Jan. 17 1955
--	--	-------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan. 18, 1955	24c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery	24d. LOCATION (City, town, or county) (State) Winfield, Missouri
---	-------------------------	--	--

DATE REC'D BY LOCAL REG. Jan. 17 1955	REGISTRAR'S SIGNATURE Fannie Hamilton 284-A	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O. Starland Ricks, Winfield, Mo.
---------------------------------------	---	---

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Frank R. Amalson*

Licensed Embalmer No. *78*

P. O. Address *W. C.*

**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.**