

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4779

568

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. CITY OR TOWN Butler | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Haven Manor Rest Home | | STREET ADDRESS (If rural, give location) 102 South Havana 0071 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) CHARLES | b. (Middle) L. | c. (Last) FSK | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 5 1955 |
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|--------------------|-------------------------------|---|---------------------------------------|---|---|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept. 24 1875 | 9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months 4 Days 11 | IF UNDER 24 HRS. Hours 11 Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Theater Operator | 10b. KIND OF BUSINESS OR INDUSTRY Theater | 11. BIRTHPLACE (City and State or Foreign Country) Fiskburg, Kentucky | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Tilford L. Fisk | 13b. MOTHER'S MAIDEN NAME Paulinda Alberts | 14. NAME OF HUSBAND OR WIFE Mrs. Leta Fisk |
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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) Yes Spanish-American | 16. SOCIAL SECURITY NO. 496-03-6408 | 17. INFORMANT'S SIGNATURE OR NAME Haven Manor Rest Home | ADDRESS 3526 Walnut |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 3 3/4 |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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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| | | |
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| 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? |
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22. I hereby certify that I attended the deceased from **11-17, 1954**, to **Nov. 17, 1954**, that I last saw the deceased alive on **Nov. 17, 1954**, and that death occurred at **3 P. m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE John B. Justus (Degree or title) M.D. | 23b. ADDRESS 315 Nichols Rd. K.C., Mo. | 23c. DATE SIGNED Feb. 8, 1955 |
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|---|-------------------------|---|---|
| 24a. BURIAL CREMATION (Specify) Burial | 24b. DATE 2/8/55 | 24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery | 24d. LOCATION (City, town, or county) (State) Butler, Missouri |
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|--|--|--|---------------------------|
| DATE REC'D BY LOCAL REG. 2-8-55 | REGISTRAR'S SIGNATURE Meva Marshall | 25. FUNERAL DIRECTOR'S SIGNATURE Walter L. Copley | ADDRESS Indep. Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John B. Justus

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 L. Kesley

Licensed Embalmer No. 4225...

P. O. Address. Indep. Mo.

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.