

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5227**

1. PLACE OF DEATH a. COUNTY <b>Cass</b> <b>01904</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b> <b>0170</b>	
b. CITY (If outside corporate limits, write RURAL and give township) Rural <b>Peculiar Twp</b>		c. CITY OR TOWN <b>Harrisonville</b>	
c. LENGTH OF STAY (In this place) <b>3 years</b>		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 <b>Pleasant View Rest Home</b>		e. STREET ADDRESS (If rural, give location) <b>Pleasant View Rest Home</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>David</b> b. (Middle) <b>Thomas</b> c. (Last) <b>Fisher</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 28 1955</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 19, 1866</b>	9. AGE (In years last birthday) <b>88</b>	10 UNDER 1 YEAR <b>10</b>	11 UNDER 1 MRS. Hours <b>9</b>	12 UNDER 1 MRS. Mts. <b>9</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer &amp; Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Ashley Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Thomas Fisher</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Miller</b>		14. NAME OF HUSBAND OR WIFE <b>Laura A. Hastings Fisher</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Bernice Atkinson</b> ADDRESS <b>Lemon Cove, Calif.</b>			
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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, asphyxia, etc. - It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Oedema</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary atherosclerosis</b> DUE TO (c) <b>Atherosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Acute Hepatitis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 mos</b>	
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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) <b>4201</b> (COUNTY) (STATE)	
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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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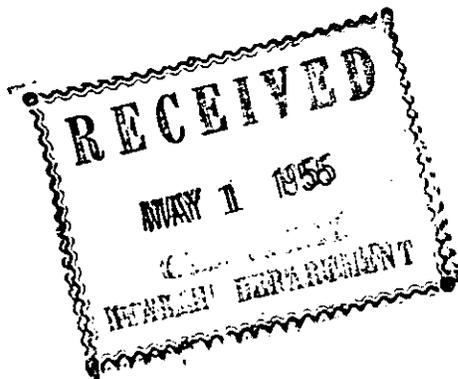
22. I hereby certify that I attended the deceased from **April 28**, 19**55**, to **April 28**, 19**55**, that I last saw the deceased alive on **April 28**, 19**55**, and that death occurred at **3:30** m., from the causes and on the date stated above.

23a. SIGNATURE <b>D. E. Fensch</b> (Degree or title) <b>SO 2</b>		23b. ADDRESS <b>Harrisonville Mo</b>		23c. DATE SIGNED <b>4/29/55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 30, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crescent Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Adrain, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>April 30, 1955</b>		REGISTRAR'S SIGNATURE <b>Dora Barman</b> <b>457-01</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Adrian Bros. Harrisonville, Mo.</b> ADDRESS	
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WRITE PLAINLY—USING UNFADING 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 *Robert W. Ottinson*.....

Licensed Embalmer No. *490*.....

P. O. Address *Hammond*.....

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.