

FILED MAY 3 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59

12281

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5574</u>		Registrar's No. <u>75</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Independence</u>		c. LENGTH OF STAY (in this place) <u>25yrs</u>		c. CITY OR TOWN <u>Rural Independence</u>		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 <u>RR3 9 Miles E. of Indep.</u>				f. STREET ADDRESS (If rural, give location) <u>RR3 9 miles E. of Indep.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MR. EARL</u>		b. (Middle) <u>WOOD</u>		c. (Last) <u>FISHER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 20, 1955</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 16, 1893</u>		9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Jackson Co. Highway dept.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>William Fisher</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Gibson</u>		14. NAME OF HUSBAND OR WIFE <u>Buelah Fisher</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-12-3782</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Buelah Fisher RR3 Indep Mo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Myocardial Infarction &amp; Embolism of Cerebrum &amp; respiratory Centers</u>							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <u>Centers</u>					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Acute Coronary Occlusion</u>					
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>4201</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 20 1955 11:50 P.M.</u>		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 <u>April 6, 1955</u> , to <u>April 20, 1955</u> , that I last saw the deceased alive on <u>April 17, 1955</u> and that death occurred at <u>11:50 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>James H. Via, M.D.</u>				23b. ADDRESS <u>Blue Springs, Mo.</u>		23c. DATE SIGNED <u>4-21-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 22, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Buckner</u>		24d. LOCATION (City, town, or county) (State) <u>Buckner, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>4-23-55</u>		REGISTRAR'S SIGNATURE <u>N.B. Langford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Otto Mitchell Indep. Mo.</u>					

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

JUL 10 1938

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 me..... Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Henry S. Mitchell  
Licensed Embalmer No. 38

P. O. Address Andover N

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.