

FILED JUN 13 1955

STANDARD CERTIFICATE OF DEATH

State File No. 15040

BIRTH NO. REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 55-46

1. PLACE OF DEATH a. COUNTY <i>Laclede</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <i>Mo</i> b. COUNTY <i>Barton</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Lackwood</i>	c. LENGTH OF STAY (in this place) <i>1 day</i>	c. CITY OR TOWN <i>Golden City</i>	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 <i>Lackwood Mem. Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>none</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Laura</i> b. (Middle) <i>S</i> c. (Last) <i>Fisher</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 5 1955</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Wh</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>July 15 1875</i>	9. AGE (In years last birthday) <i>79</i>	IF UNDER 1 YEAR Months <i>10</i> Days <i>20</i>	IF UNDER 2 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Lamar, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Theodore Bateman</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Mc Donnell</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no.</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Lester Fisher, Stockton, Mo.</i>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>congestive heart failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 mos</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>arteriosclerosis</i>			
		DUE TO (c) <i>heart disease</i>		<i>8 years</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>H200</i>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 *1954* to *6-5*, 1955, that I last saw the deceased alive on *6-5*, 1955, and that death occurred at *4 p* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Rudolf Knapp M.D.</i> (Degree or title)		23b. ADDRESS <i>Golden City, Mo</i>		23c. DATE SIGNED <i>6-5-55</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>6-8-55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>High Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Barton County, MO.</i>		
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DATE REC'D BY LOCAL REG. <i>6-7-55</i>	REGISTRAR'S SIGNATURE <i>J. C. Canada</i>		478		25. FUNERAL DIRECTOR'S SIGNATURE <i>Barton Funeral Home, Stockton, MO.</i>	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..... *John A. Cantlon*

Licensed Embalmer No. *43*

P. O. Address *Stockton*

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.