

FILED AUG 9 - 1955

## STANDARD CERTIFICATE OF DEATH

22633 State File No. 3581

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 318

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL RT#3 JOPLIN, MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL RT#3 JOPLIN, MO	
c. LENGTH OF STAY (In this place) 33 YRS		8490	
d. FULL NAME OF HOSPITAL OR INSTITUTION RUFAL RT#3 JOPLIN, MO		d. STREET ADDRESS (If rural, give location) RURAL RT#3 JOPLIN, MO	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) MARVIN	c. (Last) FISHER	4. DATE OF DEATH (Month) (Day) (Year) JULY 26 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 JUNE 2, 1882	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 1 Days 24	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED ENGINEER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) OHIO	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME NO DATA	13b. MOTHER'S MAIDEN NAME NO DATA	14. NAME OF HUSBAND OR WIFE LAURA BELL FISHER
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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) NO	16. SOCIAL SECURITY NO. 513-10-8036	17. INFORMANT'S SIGNATURE OR NAME ADDRESS LAURA BELL FISHER RT#3 JOPLIN, MO
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

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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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?
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22. I hereby certify that I attended the deceased from DID NOT ATTEND, 1955, to 1955, that I last saw the deceased alive on 7-29-55, 1955, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE JASPER CO. HEALTH OFFICER (Print name or title) <i>Jasper Co. Health Officer</i>	23b. ADDRESS 701 1st Street Bldg.	23c. DATE SIGNED 28 July 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-29-1955	24c. NAME OF CEMETERY OR CREMATORY HILLCREST CEMETERY	24d. LOCATION (City, town, or county) (State) GALENA KANSAS
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DATE REC'D BY LOCAL REG. 8-1-55	REGISTRAR'S SIGNATURE <i>James S. Lemkins</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS LEDGE-LEWIS FUNERAL HOME WEBB CITY, MO
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(License Embalmer's Statement on Reverse Side)

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

THE BOARD OF HEALTH OF MISSOURI

County File Number 53-8-546  
Date Filed AUG 8 1955

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 .....  
Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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 this body is not embalmed, fact should be so stated above.