

FILED AUG 9 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24944

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>142</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo. Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY OR TOWN <u>MARSHALL MO</u>		c. LENGTH OF STAY (in this place) <u>8 days</u>		c. CITY OR TOWN <u>Sweet Springs</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>Fitzgibbon Hospital</u>				STREET ADDRESS (If rural, give location) <u>5 miles north of Sweet Springs Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> b. (Middle) <u>Conrad</u> c. (Last) <u>Fischer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 29 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>Jan 12, 1900</u>		9. AGE (in years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Waverly, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Fischer</u>		13b. MOTHER'S MAIDEN NAME <u>Sophie Pieper</u>		14. NAME OF HUSBAND OR WIFE <u>Cardelia Fischer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cardelia Fischer</u> ADDRESS <u>Sweet Springs Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>331X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetic Mellitus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7/21/55</u> <u>?</u> <u>?</u>	
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) _____		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>7/15</u> , 19 <u>55</u> , to <u>7/29</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7/29</u> , 19 <u>55</u> , and that death occurred at <u>10:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles A. Fisher M.D.</u> (Degree or title)				23b. ADDRESS <u>Sweet Springs, Mo</u>		23c. DATE SIGNED <u>7/30/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 31, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sweet Springs Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-2-55</u>		REGISTRAR'S SIGNATURE <u>385-1</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar A. Moaly</u> ADDRESS <u>Sweet Springs, Mo</u>			

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

VS AUG 3 1960

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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. *Edgar L. Mosley*  
Licensed Embalmer No. 4711

P. O. Address *Swat Spr*

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.