FILED MAY 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12314

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5091 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rockville Twp. Prairie City
c. LENGTH OF STAY (in this place): 48 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Bates
c. CITY OR TOWN: Prairie City
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R.F.D. 00700

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) Magdalena c. (Last) Fischer Marquardt

4. DATE OF DEATH (Month) (Day) (Year): Apr. 26 56

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 28-87
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: 28 Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Prairie City Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Fischer Sr.
13b. MOTHER'S MAIDEN NAME: Louise Durst
14. NAME OF HUSBAND OR WIFE: John Marquardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No.
17. INFORMANT'S SIGNATURE OR NAME: John Marquardt — ADDRESS: Prairie City Mo.

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) Reticulum-cell Sarcoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) of Naso-Pharynx & neck.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

19a. DATE OF OPERATION: Feb. 1953
19b. MAJOR FINDINGS OF OPERATION: Same Findings as above 2000
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1953, *to* Apr. 26, 1956, *that I last saw the deceased alive on* Apr. 26, 1956, *and that death occurred at* 11:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. O. Bjuke, D.O.
23b. ADDRESS: Rockville, Mo.
23c. DATE SIGNED: 4/28/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 29-56
24c. NAME OF CEMETERY OR CREMATORY: Prairie City Lutheran
24d. LOCATION (City, town, or county) (State): Prairie City, Mo.

DATE REC'D BY LOCAL REG.: April 28 56
REGISTRAR'S SIGNATURE: Kendall Kenny
25. FUNERAL DIRECTOR'S SIGNATURE: Oscar Eckhoff — ADDRESS: Appleton City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Oscar Eckhoff

Licensed Embalmer No. 39

P. O. Address Apple

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.