

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16688

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. 3026 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Independence		c. CITY OR TOWN Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence San. T. Hospital		e. STREET ADDRESS (If rural, give location) 1318 West Maple Ave. 7000	
3. NAME OF DECEASED a. (First) Octavia b. (Middle) La Vinia c. (Last) Fisher		4. DATE OF DEATH (Month) (Day) (Year) May 7 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 7 - 1900
9. AGE (In years last birthday) 55 1/2		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Detroit Mich.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own Home	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Charles Sheppard		13b. MOTHER'S MAIDEN NAME La Vinia Ward	14. NAME OF HUSBAND OR WIFE William Fisher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Fisher 1318 West Maple Ave.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 20 years ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Acute Pulmonary Edema rise to the above cause (a) stating the underlying cause last. DUE TO (c) 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 checked="" type="checkbox"/> NO <input type="checkbox"/>		416X	
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 5-4, 1956, to 5-7, 1956, that I last saw the deceased alive on 5-7, 1956, and that death occurred at 11:50 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Robert Mosser		23b. ADDRESS Independence, Mo	
23c. DATE SIGNED 5-8-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE May 10 - 1956		24c. NAME OF CEMETERY OR CREMATORY Mount Grove Cemetery Indep. Mo. River Blvd.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.W. Stahl Funeral Home	
DATE REC'D BY LOCAL REG. 5-10-56		REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

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

.300
.48

SEP 8 1961

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 M. Keenan

Licensed Embalmer No. 42

P. O. Address *Independence*

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.