

FILED JUN 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20073

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>4186</u>		Registrar's No. <u>27</u>			
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>FRANKLIN</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>SULLIVAN</u> )		c. LENGTH OF STAY (in this place) <u>100 m.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>		0361			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>23 HUGHES FORD RD</u>				d. STREET ADDRESS (If rural, give location) <u>23 HUGHES FORD ROAD</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ELLA</u>		b. (Middle) <u>M</u>		c. (Last) <u>FISHER</u>			
4. DATE OF DEATH		(Month) <u>JUNE</u>		(Day) <u>13</u>		(Year) <u>1956</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JULY 6, 1869</u>		9. AGE (In years last birthday) <u>86</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ST. CLAIR, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>PHILLIP BRIEGLEB</u>		13b. MOTHER'S MAIDEN NAME <u>MARY DUEMLER</u>		14. NAME OF HUSBAND OR WIFE <u>LEO A. FISHER SR</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LEO A. FISHER JR.</u> ADDRESS <u>SIKESTON 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>8 Mo</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SARCOMA OF UTERUS</u>				ANTECEDENT CAUSES					
Morbid 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. <u>ARICULAR FIBRILLATION</u>				YEARS _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		174X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>August</u> , 19 <u>55</u> , to <u>JUNE 13</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>JUNE 12</u> , 19 <u>56</u> , and that death occurred at <u>4:00 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Robert M. Crawford M.D.</u>				23b. ADDRESS <u>Sullivan Missouri</u>		23c. DATE SIGNED <u>June 14 1956</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 15, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO.</u>			
DATE REC'D BY LOCAL REG. <u>June 15, 1956</u>		REGISTRAR'S SIGNATURE <u>Thomas G. Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. L. Sullivan</u> ADDRESS <u>Sullivan, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

796  
0

1901 08 7107

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

*J. A. Humphrey*

Licensed Embalmer No. 4772

P. O. Address Bellevue, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.