FILED JUL 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20488
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2516

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes XX No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VETERANS ADMINISTRATION HOSPITAL — Length of stay in 1b 3½ weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE KANSAS b. COUNTY WYANDOTTE
c. CITY OR TOWN KANSAS CITY 6150 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1117 CUSTER — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First CHARLES Middle (NMI) Last FISHER
4. DATE OF DEATH Month June Day 6 Year 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH November 16, 1897
9. AGE (In years last birthday) 58 — 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) Meat Market Operator
10b. KIND OF BUSINESS OR INDUSTRY Retail Meat Business
11. BIRTHPLACE (City and state or country) Manchester, England
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Vernon Fisher
14. MOTHER'S MAIDEN NAME Alvena Rasche

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 512-01-8415
17. INFORMANT Address Official VA Hospital Records, K. C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Squamous cell carcinoma of neck
DUE TO (c) — 191X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Cirrhosis of liver.
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from January 3, 1955, to June 6, 1956 XXXXXXXXXXXXXXXXXXXXXXXXXXX
Death occurred at 8:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thurl E. Andrews M.D.
THURL E. ANDREWS, M. D.
22b. ADDRESS VA Hospital 4801 Linwood, Kansas City, Mo
22c. DATE SIGNED 6-6-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-9-56
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Kansas

24. FUNERAL DIRECTOR Gibson & Son ADDRESS K. C. K.
25. DATE RECD. BY LOCAL REG. 6-8-56
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Phil C. Gibson

Licensed Embalmer No. 3

P. O. Address [illegible]

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.