

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20489**
2376

FILED JUN 25 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 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 KANSAS CITY | | c. CITY OR TOWN KANSAS CITY | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4419 GENESEE | | e. STREET ADDRESS (If rural, give location) 4419 GENESEE | |

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|---|------------|-----------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) MATTIE | a. (First) | b. (Middle) O. | c. (Last) FISHER | 4. DATE OF DEATH (Month) (Day) (Year) MAY 28, 1956 |
|---|------------|-----------------------|-------------------------|---|

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| 5. SEX F. | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH AUG. 13, 1893 | 9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months 0 Days 15 | IF UNDER 24 HRS. Hours Min. |
|------------------|----------------------------|---|---------------------------------------|---|--|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY HOME | 11. BIRTHPLACE (City and State or Foreign Country) EDNA, KANSAS | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME MERRITT R. MAGERS | 13b. MOTHER'S MAIDEN NAME MARY C. CONNELLY | 14. NAME OF HUSBAND OR WIFE PHILLIP FISHER |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. ** | 17. INFORMANT'S SIGNATURE OR NAME PHILLIP FISHER, KANSAS CITY, MO. | ADDRESS |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | 7 yrs |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Bright's DUE TO (c) | | ? |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | 5927 |

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| 19a. DATE OF OPERATION A | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| | | |
|---|--|------------------------------------|
| 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 **7-20, 1949** to **5-28, 1956** that I last saw the deceased alive on **5-25, 1956** and that death occurred at **7:05 p.m.**, from the causes and on the date stated above.

| | | | |
|-------------------------------------|-------------------|---|---------------------------------|
| 23a. SIGNATURE R. D. Grayson | (Degree or title) | 23b. ADDRESS 8020 Olive St. Overland Park, Mo. | 23c. DATE SIGNED 5-29-56 |
|-------------------------------------|-------------------|---|---------------------------------|

| | | | |
|---|-------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE May 31, 1956 | 24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH | 24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI |
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| DATE REC'D BY LOCAL REG. 5-31-56 | REGISTRAR'S SIGNATURE Merna Marshall | 25. FUNERAL DIRECTOR'S SIGNATURE GATES FUNERAL HOME, KANSAS CITY, KAN. | ADDRESS |
|---|---|---|---------|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
R. D. Grayson

6718W
Ni-2-5
P.D. H.

6718W
Ni-2-5
5523

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 *Joseph M. J. Carthy*

Licensed Embalmer No. 469

P. O. Address *K.C. Mo.*

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.