

FILED AUG 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23702**
Registrar's No. **3183**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3183			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Mo.		c. LENGTH OF STAY (in this place) 2 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mora Rae Reston				e. STREET ADDRESS (If rural, give location) 1417 Prospect, 324					
3. NAME OF DECEASED (Type or Print) a. (First) LAVIWA			b. (Middle)		c. (Last) FISHER.		4. DATE OF DEATH (Month) (Day) (Year) July 23 1956		
5. SEX Fe		6. COLOR OR RACE W I		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH May 22 1882		9. AGE (In years last birthday) 74 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) Sales lady			10b. KIND OF BUSINESS OR INDUSTRY Sales work		11. BIRTHPLACE (City and State or Foreign Country) Huntington W. Va.			12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME VINCENT GILLET			13b. MOTHER'S MAIDEN NAME Margaret Cane			14. NAME OF HUSBAND OR WIFE Jas. Fisher			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 486-10-1182		17. INFORMANT'S SIGNATURE OR NAME Henry Giller			ADDRESS Odesa, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis</p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Arteriooclerosis</p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>								2 yrs	
								3 yrs	
								4500	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 1-1-56 , 19 56 , to 7-23-56 , 19 56 , that I last saw the deceased alive on 7-23-56 , 19 56 , and that death occurred at 3:30 m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Frank Paul Laurezana, M.D.			23b. ADDRESS 428 South White Ave			23c. DATE SIGNED 7-23-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 24 1956		24c. NAME OF CEMETERY OR CREMATORY Odesa Cemetery		24d. LOCATION (City, town, or county) (State) Odesa MO			
DATE REC'D BY LOCAL REG. 7-23-56		REGISTRAR'S SIGNATURE Neva Minchall			25. FUNERAL DIRECTOR'S SIGNATURE Husman - Sparks ADDRESS Odesa, MO.				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Frank Paul Laurezana, M.D.

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 *William T. Sparks*.....

Licensed Embalmer No. *4431*

P. O. Address *Odessa, M.*

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.