

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26061

State File No. ....

FILED AUG 27 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 911

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 years</b>		e. STREET ADDRESS (If rural, give location) <b>724 Concord St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>724 Concord St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>RICKA</b> b. (Middle) <b>M.</b> c. (Last) <b>FISHER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 20, 1956</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>October 14, 1864</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Monee, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Frederick Elling</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>John Fisher</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Faye E. Smith, 724 Concord, St. Joseph, Mo.</b>
---	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ARTERIO SCLEROSIS</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Serility</b> 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 <b>4500</b>	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) (Min.)	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 Aug 20, 1956, to Aug 20, 1956, that I last saw the deceased alive on Aug 20, 1956, and that death occurred at 12:01 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Muhammad Jabi M.D.</b>	23b. ADDRESS <b>1306 S. 26 St. Joseph, Mo.</b>	23c. DATE SIGNED <b>8/21/56</b>
---	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>8/23/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valley Falls, Kansas</b>	24d. LOCATION (City, town, or county) (State)
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>Aug 23, 1956</b>	REGISTRAR'S SIGNATURE <b>Cather M. Allison Weston - Bowman St. Joseph, Mo.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

485

---

---

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 Spalding*.....

Licensed Embalmer No. 4533.....

P. O. Address 319 S 10<sup>th</sup> St. N. J. .....

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.