

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30695**  
**3768**

FILED SEP 21 1956

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY 0</u>	c. LENGTH OF STAY (in this place) <u>13 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>3728</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>804 W. 48th STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>A.</u> c. (Last) <u>FISHER, SR.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 - 26 - 56</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-13-1898</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____	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) <u>REGIONAL MANAGER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARGO MOTOR COOP.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>NEW YORK CITY, NEW YORK</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>CHARLES A FISHER</u>	13b. MOTHER'S MAIDEN NAME <u>JENNIE GANON</u>	NAME OF HUSBAND OR WIFE <u>MRS. JANE FISHER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u>	16. SOCIAL SECURITY NO. <u>319-10-0217</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JANE FISHER</u>	ADDRESS <u>804 WEST 48th ST. KANSAS CITY MO.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Lung, Primary</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</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>1627</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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I hereby certify that I attended the deceased from 1951, to Aug 26, 1956, that I last saw the deceased alive on Aug 26, 1956, and that death occurred at 4:32pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Donald M. Farland</u>	Degree or title) <u>M.D.</u>	23b. ADDRESS <u>315 Nichols Rd</u>	23c. DATE SIGNED <u>8/27/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>AUG-28-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>DETROIT MICHIGAN</u>
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DATE REC'D BY LOCAL REG. <u>8-28-56</u>	REGISTRAR'S SIGNATURE <u>neva minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcome's Sons</u>	ADDRESS <u>1357 BRUSH CREEK KANSAS CITY, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Basil V. Honey*

Licensed Embalmer No. *4724*

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.