

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1270

State File No. \_\_\_\_\_

FILED FEB 4 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 117

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</u>		c. LENGTH OF STAY (in this place) <u>7 yrs.</u>	c. CITY OR TOWN <u>Kansas City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		STREET ADDRESS (If rural, give location) <u>3728 Baltimore</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charity</u> b. (Middle) <u>ALMA</u> c. (Last) <u>Fischer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 9 1957</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, OR WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>May 13, 1927</u>		9. AGE (In years last birthday) <u>29</u>		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) <u>Surgical Secretary</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Research Hospital</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Muscataine, Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Albert H. Fischer</u>		13b. MOTHER'S MAIDEN NAME <u>Coralie Howard</u>		14. NAME OF HUSBAND OR WIFE <u>never married</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>578-36-9873</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert H. Fischer-Broken Bow, Nebraska</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Yellow Atrophy of Liver with Hepatic Coma</u> ANTECEDENT CAUSES DUE TO (b) <u>Infectious Hepatitis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u>  <u>0927</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>YES</u> <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)	
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 Dec 11, 1957 to 1-9, 1957, that I last saw the deceased alive on 1-9, 1957, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>V. B. Ballard MD</u> (Degree or title)		23b. ADDRESS <u>411 Nichols Rd Kansas City Mo</u>		23c. DATE SIGNED <u>1-10-57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/10/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Memorial Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar Rapids, Iowa</u>	
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DATE REC'D BY LOCAL REG. <u>1-10-57</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Quirk &amp; Tobin-20 W. Linwood, K. C. Mo.</u>		ADDRESS	
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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. 4654 working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4654

20 W. Lenwood  
P. O. Address  
Kansas City, 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.