

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4501**

FILED FEB 19 1957

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 15

0461

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

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette, Mo.		c. LENGTH OF STAY (In this place) 18 days	c. CITY OR TOWN Fayette 0461 0
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) LEE c. (Last) FISHER		4. DATE OF DEATH (Month) (Day) (Year) FEB. 12, 1957	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 24, 1913
9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months 10 Days 18	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clauderer		10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (City and State or Foreign Country) Howard County, Mo.
13a. FATHER'S NAME Mose Fisher		13b. MOTHER'S MAIDEN NAME Mary Wilhite	14. NAME OF HUSBAND OR WIFE Margaret Douglas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 452-07-7203	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Fisher Fayette, Missouri
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) Peritonitis		INTERVAL BETWEEN ONSET AND DEATH 15 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute appendicitis perforated		15 days	
DUE TO (c) Gun shot wound foot		20 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 1-28-57	19b. MAJOR FINDINGS OF OPERATION Acute gangrenous appendix - perforated		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, etc.)	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 045	
22. I hereby certify that I attended the deceased from -24 , 1957, to 2-12 , 1957, that I last saw the deceased alive on 2-12 , 1957, and that death occurred at 3:00 m., from the causes and on the date stated above.			
23a. SIGNATURE M. P. French M.D. (Degree or title)		23b. ADDRESS Fayette Mo	23c. DATE SIGNED 2-15-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/15/1957	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Fayette, Missouri
DATE REC'D BY LOCAL REG. 2-15-57	REGISTRAR'S SIGNATURE Mary K. Shell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph A. Cow Fayette, Missouri	

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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 *Ralph A. Case*.....

Licensed Embalmer No. *331*

P. O. Address *Jayette,*

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.