

FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4691

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 373

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>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (If in this state) <u>8 months</u>	c. CITY OR TOWN <u>Holden</u> <u>0190</u> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>716 Gled Terrace</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <u>X</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralston</u>	b. (Middle) <u>F.</u>	c. (Last) <u>Fish</u>	4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>24</u> (Year) <u>1957</u>
5. SEX <u>male</u> <u>0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>July 30, 1875</u>
9. AGE (In years last birthday) <u>81</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>Self Employed</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Contracting</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lonejack, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>John Harrison Fish</u>	13b. MOTHER'S MAIDEN NAME <u>FERGUSON</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle Dawson Fish</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>192-18-6159</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Hubbell</u>
		ADDRESS <u>Home</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (as) <u>Generalized Metastatic Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3-4 months</u> <u>9-12 months</u> <u>181x</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of the Bladder</u>		
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	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) <u>J</u>
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 12-16, 1956, to 1-24, 1957, that I last saw the deceased alive on 1-21, 1957, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Emery R. Calovich MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>4620 Newlands Parkway</u>	23c. DATE SIGNED <u>1-25-57</u>
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>1/26/1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Neosho Cemetery</u>	24d. LOCATION (City, town, or county) <u>Neosho, Missouri</u>

DATE REC'D BY LOCAL REG. <u>1-25-57</u>	REGISTRAR'S SIGNATURE <u>neva minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Etine & McClure Und Co.</u>	ADDRESS <u>Kan. City, Mo.</u>
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Emery Calouch - 4620 J.C. Gustafson Pharmacy Lo 1-6510
after 2:00 to 3:00 503

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 *Eugene J. Kenna*

Licensed Embalmer No. *463*

P. O. Address *Kansas City*

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.