

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9210**
Registrar's No. **54**

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033**

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

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Laclede	
b. CITY OR TOWN Lebanon	c. LENGTH OF STAY (in this place) 13 days	c. CITY OR TOWN Plato	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Hospital		e. STREET ADDRESS (If rural, give location) Rural Route 0530	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Hawkins c. (Last) Fisher	4. DATE OF DEATH (Month) (Day) (Year) Mar. 21 1957
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5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 29 1900	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Laclede Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Linden J. Fisher	13b. MOTHER'S MAIDEN NAME Missouri Hicks	14. NAME OF HUSBAND OR WIFE Carrie Fisher
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 494-18-2939	17. INFORMANT'S SIGNATURE OR NAME Mrs. Carrie Fisher	ADDRESS Plato, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary insufficiency		one year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Heart Disease DUE TO (c) PRE-uremia		30 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 416X	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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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22. I hereby certify that I attended the deceased from **1130** **1957**, to **3/21**, 19**57**, that I last saw the deceased alive on **3/21**, 19**57**, and that death occurred at **4:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE E. Z. Fisher M.D. (Degree or title)	23b. ADDRESS Lebanon Mo	23c. DATE SIGNED 3/29/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/24/57	24c. NAME OF CEMETERY OR CREMATORY Pine Creek Cemetery near Lynchburg Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 3-29-1957	REGISTRAR'S SIGNATURE Hella L. May	25. FUNERAL DIRECTOR'S SIGNATURE Halman Funeral Home	ADDRESS Lebanon, Mo.
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APR 11 1957

Received 4-1-57
Laclede County Health Unit
File No. 54
Date Filed 4-1-57

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.