

DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9229

STATE FILE NUMBER

FILED APR 8 - 1957

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 44

Health,
& Welfare
Public
Service

S. 300
v. 1-56 0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lexington, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Alma,</u> <u>0540</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u> Length of stay in days <u>22 da.</u>		d. STREET ADDRESS <u>Eastside</u> (If outside, give location)	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Flora</u> Middle <u>Rose</u> Last <u>Fischer</u>			4. DATE OF DEATH <u>March 8 1957.</u> Month <u>March</u> Day <u>8</u> Year <u>1957.</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2/5/1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and state or country) <u>Alma, Mo., rural</u>
13. FATHER'S NAME <u>August Schmidt</u>		14. MOTHER'S MAIDEN NAME <u>Caroline Wolker</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Ralph J. Fischer, Alma, Missouri</u> Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma toxis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma of the Cecum</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>153x</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Few months</u> <u>Few months</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>/</u>	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____
21. I attended the deceased from <u>Dec. 4, 1956</u> to <u>Mar. 8, 1957</u> and last saw her alive on <u>Jan. 8, 1957</u> . Death occurred at <u>6:00</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Helban E. Fulkerson M.D.</u> (Degree or title)		22b. ADDRESS <u>Higginsville Mo</u>	22c. DATE SIGNED <u>3-14-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/11/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran</u>	23d. LOCATION (City, town, or county) (State) <u>Alma, Lafayette, Mo.</u>
24. FUNERAL DIRECTOR <u>Alfred A. Promer Alma, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>4-5-57</u>	26. REGISTRAR'S SIGNATURE <u>Wm. E. Eastlund</u>

APR 8 1961

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 *Alfred N. Bremer*

Licensed Embalmer No. 2696.

P. O. Address Alma, 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.