

FILED MAY 2- 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13567

STATE FILE NUMBER

Registration District No. 150

Primary Registration District No. 5573

Registrar's No. 76

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, give TOWNSHIP or TOWN) <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Independence</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>B.T. 3</u>		Length of stay in lb <u>19 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. # 3</u>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOSEPH EDWARD FISHER</u>				4. DATE OF DEATH Month Day Year <u>April-17-1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 7-1884</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>72</u> - - - -	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printing Business</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Schouley's</u>		BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Andrew J. Fisher</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Washier</u>		11. NAME OF HUSBAND OR WIFE <u>Alveda Fisher</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>		6. SOCIAL SECURITY NO. <u>486-09-0190</u>		17. INFORMANT Address <u>Mrs. Lettude Alveda Fisher</u>			
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>CHRONIC CONGESTIVE HEART FAILURE</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 YRS.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>CARDIOVASCULAR-RENAL DISEASE</u>						<u>15 YRS.</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)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year o.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>4-15-57</u> to <u>4-17-57</u> and last saw <sup>him</sup> alive on <u>4-16-57</u> Death occurred at <u>4:30 AM.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Joe E. Query, D.O.</u>		(Degree or title)		22b. ADDRESS <u>BLUE SPRINGS, MO.</u>		22c. DATE SIGNED <u>4-19-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>April 20, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Blue Springs, Mo</u>			
24. FUNERAL DIRECTOR <u>C. H. Blackman &amp; Son Inc</u>		ADDRESS <u>K.C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-19-1957</u>		26. REGISTRAR'S SIGNATURE <u>N. B. Langford</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATIONHealth,  
& Welfare  
Public  
ServiceS. 300 |  
1-57

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.

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VS  
MAY 27 1959

APR 30 1957

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 *M. C. Reine* .....

Licensed Embalmer No. *4879* .....

P. O. Address *K. C. 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.