

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 027728
State File No.

FILED AUG 19 1957

BIRTH NO. _____		REG. DIST. NO. <u>56</u>		PRIMARY REG. DIST. NO. <u>4080</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Norborne</u>)		c. LENGTH OF STAY (In this place) <u>12 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne</u>		0170	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>504. south pine street.</u>				d. STREET ADDRESS (If rural, give location) <u>504 south pine street.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u>		b. (Middle) <u>Fletcher</u>		c. (Last) <u>Fidler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 12 1957</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 24/1859</u>	
9. AGE (In years last birthday) <u>98</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Own</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm.</u>		11. BIRTHPLACE (State or foreign country) <u>Edgar County Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Levi Fidler</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Heasler</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Allen J. Fidler, Harrisonville, Mo.</u>		ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Arteriosclerosis Diffuse</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition, senile</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u> <u>Several years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
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) _____			
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 <u>8-23-</u> , 19 <u>44</u> , to <u>8-12-</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>8-12-</u> , 19 <u>57</u> , and that death occurred at <u>7:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ruehl & Hasbelle</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>212 South Pine St. Norborne Mo.</u>		23c. DATE SIGNED <u>8-13-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 14/1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Norborne, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-19-57</u>		REGISTRAR'S SIGNATURE <u>Thomas L Durdon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John G. Deitch, Norborne, Mo.</u> ADDRESS _____			

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

Albert White Farmer Own
 Fletcher Admowd
 Edgar County Illinois U.S.A.
 Feb. 24/1889. 88.
 No No
 Mary Ann Heasler Hope
 204. south side street.
 204. south side street.
 18. years.
 18. years.
 204. south side street.
 204. south side street.
 18. years.
 18. years.
 204. south side street.
 204. south side street.

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *John G Ditch*

Licensed Embalmer No. *7654*

P. O. Address *Neosho 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 this body is not embalmed, fact should be so stated above.