

FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH30977  
STATE FILE NUMBER 560  
Registrar's No.

Registration District No. 43

Primary Registration District No. 3007

Registrar's No.

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		c. CITY OR TOWN Poplar Bluff	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1521 Coolidge		d. STREET ADDRESS (If outside, give location) 1531 Bethel St.	
Length of stay in 1b 15 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Redeem on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MARY Middle ELIZABETH Last FISHER			4. DATE OF DEATH Month 9 Day 12 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-15-1869	9. AGE (In years last birthday) 88	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Stoddard County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Smith	13b. MOTHER'S MAIDEN NAME Mary E. Langley	14. NAME OF HUSBAND OR WIFE George W. Fisher
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If Yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Stella Wells, Poplar Bluff, Mo.

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>apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>arteriosclerosis</u>	<u>15 to 20 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) 334 X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		
20d. INJURY OCCURRED WHILE AT <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>9/11/57</u> to <u>9/12/57</u> and last saw her alive on <u>9/11/57</u> Death occurred at <u>7:00 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Cynthia G. Post MD</u> (Degree or title)	22b. ADDRESS Poplar Bluff, Mo.
22c. DATE SIGNED <u>16 Sept 57</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-16-57	23c. NAME OF CEMETERY OR CREMATORY City	23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
24. FUNERAL DIRECTOR Greer Croy & Fitch, Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 9/19/57	26. REGISTRAR'S SIGNATURE <u>B. H. Muehler</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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RECEIVED

SEP 23 1957  
BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 William H. Fitch

Licensed Embalmer No. 3859

P. O. Address Boyer Bluff

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.