FILED MAR 13 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005497 ✓
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1039

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hospital 45 Yrs — Length of stay in Ib 50

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 3808 Anderson (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First WILLIS Middle CLINTON Last FISHER

4. DATE OF DEATH Month 2 Day 24 Year 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Feb 8 1888

9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Machine Adjuster

10b. KIND OF BUSINESS OR INDUSTRY Tension Env. Co

11. BIRTHPLACE (City and state or country) Gettysburg, Penn

12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME John Fisher

13b. MOTHER'S MAIDEN NAME Ellen Giddier

14. NAME OF HUSBAND OR WIFE Mrs. Verna M. Fisher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service) X X X

16. SOCIAL SECURITY NO. 495 01 2205

17. INFORMANT Mrs. Verna M. Fisher Address 3808 Anderson K. C. Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute myocardial failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) coronary artery occlusion
DUE TO (c) 4221

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
broncho pneumonia

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1956 to 2-24-1958 and last saw her/him alive on 2-22-58
Death occurred at 2-24-58 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E.D. Reese (Degree or title) D

22b. ADDRESS 3309 E 12

22c. DATE SIGNED 2-26-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-27-1958

23c. NAME OF CEMETERY OR CREMATORY Floral Hills

23d. LOCATION (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR ADDRESS FLORAL HILLS MEM. CHAPELS, INC K.C.MO

25. DATE RECD. BY LOCAL REG. 2-26-58

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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 D. A. Nofsinger

Licensed Embalmer No. 3938

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.