

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006914

STATE FILE NUMBER

FILED FEB 26 1958

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 59

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| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Francois</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>          |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Flat River</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | c. CITY OR TOWN <u>Flat River</u> <u>0942</u><br>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>3 Norwine St.</u>   |  | d. STREET ADDRESS (If outside, give location) <u>3 Norwine St.</u><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| Length of stay in 1b <u>10 yrs.</u>  |  |  |  |

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|--|----------------------------------|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>James</u> Middle <u>A.</u> Last <u>Fisher</u>                          |                                  |  | 4. DATE OF DEATH<br>Month <u>Feb.</u> Day <u>11</u> Year <u>1958</u> |  |   |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br><u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>July 19, 1877</u>                             | 9. AGE (In years last birthday)<br><u>80</u>                           | IF UNDER 1 YEAR<br>Months <u>6</u> Days <u>22</u> | IF UNDER 24 HRS.<br>Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Blacksmith</u>       |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Leadmining</u>   |  | 11. BIRTHPLACE (City and state or country)<br><u>Ivanhoe, Virginia</u> |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |
| 13. FATHER'S NAME<br><u>Jason Lee Fisher</u>   |                                  |  | 14. MOTHER'S MAIDEN NAME<br><u>Lydia Ann Painter</u>                 |  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |                                  | 16. SOCIAL SECURITY NO.<br><u>497-01-9550</u>  |  | 17. INFORMANT<br><u>Lyndell Pearman</u> Address <u>Leadwood, Mo.</u>   |   |  |

|   |                                     |  |
|---|-------------------------------------|--|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arterio Sclerotic Heart Disease</u> |                                     | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <u>Arterio Sclerosis</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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</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.)<br><u>4200.</u> |   |
| 20c. TIME OF INJURY<br>Hour _____ a. m. _____ p. m. Month, Day, Year _____  |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 May 11 55 to 2-11-58 and last saw <sup>her</sup> him alive on Dec 18-57  
Death occurred at 2 7 m on the date stated above; and to the best of my knowledge, from the causes stated.

|   |                                    |                                    |
|---|------------------------------------|------------------------------------|
| 22a. SIGNATURE<br><u>C. H. Appleberry</u> (Degree or title) | 22b. ADDRESS<br><u>Leadwood Mo</u> | 22c. DATE SIGNED<br><u>2-12-58</u> |
|---|------------------------------------|------------------------------------|

|  |                             |  |   |
|--|-----------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>2/14/58</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Farkview Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Farmington, Mo.</u> |
|--|-----------------------------|--|---|

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|---|--|--|
| 24. FUNERAL DIRECTOR<br><u>Bert L. Boyer</u> ADDRESS <u>Leadwood, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>Feb. 12, 1958</u> | 26. REGISTRAR'S SIGNATURE<br><u>Esther Rudloff</u> |
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(Licensed Embalmer's Statement on Reverse Side)

Death, health, welfare, public service, 800-56, Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 E. Boyer*.....

Licensed Embalmer No. *47*

P. O. Address *Leewood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.