

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017359
STATE FILE NUMBER
573

FILED JUN 9 1958

Registration District No. 42 Primary Registration District No. 1000

Registrar's No. 573

300
1-57

| | | | | | |
|---|---------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Clarksdale | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp # 2 | | Length of stay in 1b 11 Mo.s | d. STREET ADDRESS (If outside, give location) RFD | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last BERNARD L. FISHER | | | 4. DATE OF DEATH Month Day Year May 30, 1958 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH Oct. 26, 1902 | 9. AGE (In years last birthday) 55 | 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) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) Easton, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Paul J. Fisher | | 13b. MOTHER'S MAIDEN NAME Anna Pankau | | 14. NAME OF HUSBAND OR WIFE Glatha Grimes | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 493-14-5481 | 17. INFORMANT Paul J. Fisher Address Clarksdale, 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) Cerebral Hemorrhage DUE TO (b) Arteriosclerosis DUE TO (c) 331XF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Brain syndrome associated with trauma | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 Days |
| 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.) Attempted suicide by shooting himself with rifle | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. Mar. 5, 58 p.m. | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION Clarksdale Buchanan | | 20e. COUNTY STATE Buchanan Mo | |
| 21. I attended the deceased from May 30, 1958 to May 30, 1958 and last saw him alive on May 30, 1958 Death occurred at 10:45 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Forrest Thomas MD | | | 22b. ADDRESS State Hosp. #2 St. Joseph, Mo. | | 22c. DATE SIGNED 5-30-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE June 3, 1958 | 23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery | | 23d. LOCATION (City, town, or county) (State) Hurlingen, Mo. |
| 24. FUNERAL DIRECTOR Norman W. Schiefelin | | 25. DATE RECD. BY LOCAL REG. June 2, 1958 | | 26. REGISTRAR'S SIGNATURE Wm. Clark Marshall | |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Robert H. Gable*

Licensed Embalmer No. 3308
P. O. Address St. Joseph, 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.