

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028156

STATE FILE NUMBER

FILED SEP 8 1958

Registration District No. 31

Primary Registration District No. 4039

Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <i>Benton</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Arkansas</i> b. COUNTY <i>Crawford</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Lincoln</i>		c. CITY OR TOWN <i>Mountainburg</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>May Street of Lincoln</i>		d. STREET ADDRESS (If outside, give location) <i>5-mile south</i>	
Length of stay in hospital <i>7 weeks</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <i>Charles Thomas Fisher</i>			4. DATE OF DEATH <i>9/3/58</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb 4 1878</i>	9. AGE (In years last birthday) <i>80</i>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			Months <i>6</i>	Days <i>29</i>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired mail carrier</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>U.S. mail service</i>		11. BIRTHPLACE (City and state or country) <i>Leavenworth, Kansas</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
---	--	--	--	---	--	--	--

13. FATHER'S NAME <i>Charles Jacob Fisher</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Cookson</i>	
---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>498-30-9738A</i>		17. INFORMANT <i>Margaret Mc Bee</i> Address <i>Lincoln</i>	
---	--	---	--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Medullary Failure</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Auto Toxemia</i>			<i>1 mo</i>		
DUE TO (c) <i>Carcinoma sigmoid Colon</i>			<i>2 yrs</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Obesity</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) <i>1533</i>		
20c. TIME OF INJURY Hour <i>4:30</i> Month <i>9</i> Day <i>3</i> Year <i>58</i>					
20d. INJURY OCCURRED WHILE AT WORK <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 <i>9-3-58</i> to <i>9-3-58</i> and last saw <i>him</i> alive on <i>9-3-58</i> Death occurred at <i>4:30 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Busschally DO 2</i> (Degree or title)			22b. ADDRESS <i>Warsaw, MO</i>		22c. DATE SIGNED <i>9-3-58</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>9/5/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lincoln Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Lincoln MO</i>	
24. FUNERAL DIRECTOR <i>Zeel Davis & son</i> ADDRESS <i>Lincoln</i>			25. DATE RECD. BY LOCAL REG. <i>Sept 5th 1958</i>		26. REGISTRAR'S SIGNATURE <i>E L Eickhoff</i>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service 286 3 300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
394

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 23 1958

OCT 20 1958

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 *Richard D. Conn*.....

Licensed Embalmer No. *470*

P. O. Address *Lipton, T*

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