

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044097
STATE FILE NUMBER 3662

FILED DEC 18 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS (If outside, give location) 1601 Wyandotte	
Length of stay in 1b -		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Harold Rex Fisher			4. DATE OF DEATH Month Day Year 11-29-58		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-28-1933	9. AGE (In years last birthday) 25	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Parking Attendant	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) Mountain View MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Leo E Fisher	13b. MOTHER'S MAIDEN NAME Nellie Van Vector	14. NAME OF HUSBAND OR WIFE Nellie Fisher
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 4790-34-6787	17. INFORMANT Address Earl Fisher 3112 N. 70th St
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock & Hemorrhage Multiple Fractures Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) - DUE TO (c) -		INTERVAL BETWEEN ONSET AND DEATH 5978X
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Jumped from a Window about 900 feet to street
20c. TIME OF INJURY Hour Month, Day, Year a.m. 11-29-58 p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street

20e. CITY, TOWN, OR LOCATION Kansas City	COUNTY Jackson	STATE MO
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Type or print) Hugh H. Owens	22b. ADDRESS 1034 Rialto Bldg	22c. DATE SIGNED 11-30-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-1-1958	23c. NAME OF CEMETERY OR CREMATORY Mt Olive Cemetery	23d. LOCATION (City, town, or County) (State) Mountain View MO
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24. FUNERAL DIRECTOR Passan Two Bros	ADDRESS KCMU	25. DATE RECD. BY LOCAL REG. 12-1-58	26. REGISTRAR'S SIGNATURE Gene Minihall
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(Licensed Embalmer's Statement on Reverse Side)

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Hugh H. Owens



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

Leonard Pasantier

Licensed Embalmer No. 4554
P. O. Address KCMO

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.