

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005543

STATE FILE NUMBER

FEB 19 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

678

300
-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		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 <i>3711 Brooklyn</i>		Length of stay in lb <i>38 Yrs</i>	d. STREET ADDRESS (If outside, give location) <i>3711 Brooklyn</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Joseph</i> Middle <i>Fisher</i> Last <i>Fisher</i>			4. DATE OF DEATH Month <i>Feb.</i> Day <i>3</i> Year <i>1959</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>APPROX.</i>
9. AGE (In years last birthday) <i>62</i>		IF UNDER 1 YEAR Months <i>62</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Steelworker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Plant Fabricating</i>	11. BIRTHPLACE (City and state or country) <i>Russia</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>David Fisher</i>	
13b. MOTHER'S MAIDEN NAME <i>Marguerite -----</i>		14. NAME OF HUSBAND OR WIFE <i>Edna Fisher</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give <i>NO</i> dates of service)		16. SOCIAL SECURITY NO. <i>486-05-3735</i>	
17. INFORMANT <i>Edna Fisher</i>		Address <i>3711 Brooklyn</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>Coronary Thrombosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>few seconds</i>
DUE TO (b) <i>Arteriosclerotic heart disease</i>			
DUE TO (c) <i>45</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Previous Myocardial infarction in July 1944</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)		
20c. TIME OF INJURY Hour <i>4:57</i> a.m. <i>45</i> p.m.			
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>July 27, 1944</i> to <i>Feb 3, 1959</i> and last saw <i>him</i> alive on <i>Feb 2, 1959</i> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. H. Goodson, Jr. MD</i> (Degree or title)		22b. ADDRESS <i>730 Prof Bsq Kansas City, Mo</i>	
22c. DATE SIGNED <i>Feb. 4, 1959</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Feb. 5 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Carmel Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>
24. FUNERAL DIRECTOR <i>J.P. Louis Funeral Home K.C. Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>2-5-59</i>	26. REGISTRAR'S SIGNATURE <i>Drew Marshall</i>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Wm. H. Goodson, Jr. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION

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 *Henry Buffington*
Licensed Embalmer No. *2756*
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.