

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010120

STATE FILE NUMBER

FILED MAR 31 1959 Registration District No. 195 Primary Registration District No. Registrar's No. 33-59

1. PLACE OF DEATH a. COUNTY McDonagh			2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Mo. b. COUNTY McDonagh		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JANE-Center Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN MO JANE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b 2.3 YR	d. STREET ADDRESS (If outside, give location) RT. 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HEE WHITAKER FISHER			4. DATE OF DEATH Month Day Year 3-26-1959		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-19-1879	9. AGE (In years less birthday) 79 IF UNDER 1 YEAR: Months 3 Days 7 IF UNDER 24 HRS.: Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY TRET.	11. BIRTHPLACE (City and state or country) HAMAR, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME JEREMIAH FISHER		13b. MOTHER'S MAIDEN NAME HUEY WHITAKER		14. NAME OF HUSBAND OR WIFE JULIA ETTA FISHER	
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. NONE	17. INFORMANT Address JULIA ETTA FISHER, JANE, 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) Abdominal Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Perforation of Intestine DUE TO (c) Carcinoma of Colon PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				INTERVAL BETWEEN ONSET AND DEATH 1538	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 _____, to _____ and last saw <u>her</u> alive on 3-24-59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. White Co.			22b. ADDRESS Parisville, Mo.		22c. DATE SIGNED 3-27-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-28-1959	23c. NAME OF CEMETERY OR CREMATORY Union Cem		23d. LOCATION (City, town, or county) (State) Stanhly, Mo. -R-
24. FUNERAL DIRECTOR HUMPHREY & SON E. HONE		25. DATE RECD. BY LOCAL REG. March 27, 1959		26. REGISTRAR'S SIGNATURE May W. Buckley	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

JAN 4 1960

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 *Margaret E. Humphrey*

Licensed Embalmer No. *4262*

P. O. Address *Pineville*

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.