Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017155

STATE FILE NUMBER

FILED JUN 4 1959

Registration District No. 77 Primary Registration District No. 5303 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY Cole	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson Twnshp — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Jefferson City — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R#5, Jefferson City — Length of stay in 1b 78yrs	d. STREET ADDRESS (If outside, give location) R.R.#5 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: Ida	Middle: Maria Hilda	Last: Fischer	4. DATE OF DEATH Month: May Day: 25 Year: 1959
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: June-5-1880	9. AGE (In years last birthday): 78 — 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): Housework	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (City and state or country): Cole County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: Frederick Fischer	13b. MOTHER'S MAIDEN NAME: Katherine Nieghorn	14. NAME OF HUSBAND OR WIFE: none		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Mathilda Fischer, Address: R.R.5 Jeff City, Mo		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 14hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio sclerosis — years.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 5/24/59 to 5/25/59 and last saw her alive on 5/24/59.

Death occurred at her home about 7:45 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD	22b. ADDRESS: Jefferson City Mo	22c. DATE SIGNED: 5/26/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: May-27-1959	23c. NAME OF CEMETERY OR CREMATORY: Zion Lutheran Church
23d. LOCATION (City, town, or county) (State): Cem R.R.#5, Jefferson City		
24. FUNERAL DIRECTOR: Thorpe J Gordon, ADDRESS: Jefferson City, Mo.	25. DATE RECD. BY LOCAL REG.: 26 May 1959	26. REGISTRAR'S SIGNATURE: R. P. Dorris, MD-MR

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

VS APR 2 1960

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 ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No. 1786

P. O. Address .....

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.