

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025111

FILED JUL 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3257 STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>4 Kansas City</u>		Length of stay in 1b <u>44 years</u>		c. CITY OR TOWN <u>55 Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LINDEMAN Nursing Home</u> <u>3537 MAIN</u>				d. STREET ADDRESS (If outside, give location) <u>3528 Wabash</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>CARRIE</u> Middle <u>Fisk</u> Last				4. DATE OF DEATH Month <u>July</u> Day <u>3</u> Year <u>1959</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Cauc.</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>OCT. 3, 1868</u>		
9. AGE (last birthday) <u>90</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>New Holland, ILL.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>  </u>			13b. MOTHER'S MAIDEN NAME <u>  </u>			14. NAME OF HUSBAND OR WIFE <u>Charles W. Fisk</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>MAY GRIMES</u> Address <u>3528 WABASH</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Acute hemorrhage</u>							<u>12 hrs</u>	
DUE TO (b) <u>Stomach ulcer</u>							<u>unknown</u>	
DUE TO (c) <u>  </u>							<u>  </u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) <u>Menstrual arteriosclerosis</u>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)				
20c. TIME OF INJURY Hour <u>  </u> Month, Day, Year <u>  </u> a.m. <u>  </u> p.m. <u>  </u>		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 <u>July 3, 1959</u> to <u>Death</u> and last saw her <u>alive</u> on <u>July 3, 1959</u> Death occurred at <u>10:05</u> <u>p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>E. J. Muehlebach</u> (Degree or title) <u>  </u>				22b. ADDRESS <u>1630 Nichols Parkway</u> <u>Wabash City, Missouri</u>			22c. DATE SIGNED <u>7-4-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<u>Burial</u>		<u>July 6, 1959</u>		<u>Memorial Park Cemetery</u>		<u>KANSAS CITY, MISSOURI</u>		
24. FUNERAL DIRECTOR <u>Muehlebach</u>				25. DATE RECD. BY LOCAL REG. <u>7-3-59</u>		26. REGISTRAR'S SIGNATURE <u>neva minshall</u>		

DOCUMENT

BY AFFIDAVIT OF E. J. Slentz MEDICAL CERTIFICATION

Dr. Slutzky

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. E. [Signature]

Licensed Embalmer No. 4997

P. O. Address N. P. [Signature]

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.