

Health,
& Welfare
S. Public
th Service

FILED VS JUL 21 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-027829

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. _____ Registrar's No. 59

S. 300
v. 1-57
20

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethel Twp.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rural	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 lb 3 yrs.	d. STREET ADDRESS (If outside, give location) 5 mi. North of Bethel, Mo	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Leal	Middle Lucinda	Last Fishel	Month July	Day 4	Year 1959

5. SEX F	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 17, 1950	9. AGE (In years last birthday) 8	IF UNDER 1 YEAR Months 11 Days 17	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Cedar Rapids, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Vernon Phillips Fishel	13b. MOTHER'S MAIDEN NAME Gladys Mae Hayes	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO. X	17. INFORMANT Vernon P. Fishel, Bethel, Missouri	Address
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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) Electrocuted		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Entanglement in extension cord	
	DUE TO (c) Inquest deemed unnecessary	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9140		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Electrocuted when became entangled in extension cord
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20c. TIME OF INJURY 6:00 p.m. 7-4-59	cord	102
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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.) Farm Home	20f. CITY, TOWN, OR LOCATION Bethel	COUNTY Shelby	STATE Missouri
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21. I attended the deceased from _____, to _____, and last saw her/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 (Degree or title) C.W. Musgrove, Coroner	3	22b. ADDRESS Bethel, Missouri	22c. DATE SIGNED 7-8-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 6, 1959	23c. NAME OF CEMETERY OR CREMATORY Palo Cemetery	23d. LOCATION (City, town, or county) (State) Palo Iowa
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24. FUNERAL DIRECTOR C.W. Musgrove	ADDRESS Bethel, Missouri	25. DATE RECD. BY LOCAL REG. July 14-59	26. REGISTRAR'S SIGNATURE Ada Garrison
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

19-0

6961 18 706

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 *Paul E. Hayes*

Licensed Embalmer No. *4461*

P. O. Address *Shellina*

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.