

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031511

FILED VS OCT 5 1959 042

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STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY DeKalb					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 1 day		c. CITY OR TOWN Stewartsville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION No. Belt Highway #71			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R. R. #2		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First AUGUST Middle B. Last FISHER, JR.				4. DATE OF DEATH Month Sept. Day 23, Year 1959					
5. SEX male		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/6/1941		9. AGE (last birthday) 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Stewartsville, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME August Fisher, Sr.			13b. MOTHER'S MAIDEN NAME Julia Moyer			14. NAME OF HUSBAND OR WIFE			
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. 496-44-5078		17. INFORMANT Address August Fisher, Sr. R.R. #2, Stewartsville, 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) Traumatic shock + Bleeding from Cerebral vessels DUE TO (b) Skull fracture DUE TO (c) Car truck accident Highway 71 - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Car north of gene field road								INTERVAL BETWEEN ONSET AND DEATH at once at once	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 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 18a) car going south on 71 struck north on 71 car out of control struck truck					
20c. TIME OF INJURY Hour 10:30 a.m. Sept 23 1959		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 71 -		20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Joseph Buchanan Mo			
21. I attended the deceased from received body and last saw him Sept 23 59 Death occurred at 1030 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) S.E. Meloney M.D. Brown				22b. ADDRESS 214 Kuybatriek St. Joseph Mo			22c. DATE SIGNED Sept 23 59		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 9/26/1959		23c. NAME OF CEMETERY OR CREMATORY Seven Dolors Cemetery		23d. LOCATION (City, town, or county) (State) Hurlinger Missouri			
24. FUNERAL DIRECTOR Heston-Brown			ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Sept. 28, 1959		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell		

DOCUMENT

BY AFFIDAVIT OF S.E. Meloney, M.D. 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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 314 So 10th St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.