

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 28 1959 200

Registration District No. 3041

Registrar's No. 158

59-033032

STATE FILE NUMBER

ENDED

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| 1. PLACE OF DEATH a. COUNTY MACON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MACON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ATLANTA | | c. CITY OR TOWN ATLANTA | |
| Length of stay in lb | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|----------------------------------|---|--|---|---|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last MALISSA SUSAN FISK | | | 4. DATE OF DEATH Month Day Year 9-16-1959 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9/1/1878 | 9. AGE (last birthday) 81 | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 0 15 - - | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) LAPEL TOWNSHIP | | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME Augusta Wares | | 13b. MOTHER'S MAIDEN NAME NANCY Kelly | | |
| 14. NAME OF HUSBAND OR WIFE Everett Fisk | | 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 Everett Fisk - ATLANTA-MO | | 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) Coronary Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH 30 min |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | | |
| DUE TO (c) | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension - Coronary Heart Disease | | 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 | |
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| 19. WAS A TOXIC PERFORMANCE? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m. | | | |

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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.) | 20f. CITY, TOWN, OR LOCATION Atlanta MO | COUNTY | STATE |
| 21. I attended the deceased from Sept 15 1952 to Sept 16-59 and last saw her alive on Sept 16 1959 Death occurred at 5:30 a.m. on the date stated above, and to the best of my knowledge from the causes stated. | | | | |

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| 22a. SIGNATURE (Degree or title) O. L. Woodward | | 22b. ADDRESS Atlanta MO | | 22c. DATE SIGNED 9-19-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 9-18-1959 | 23c. NAME OF CEMETERY OR CREMATORY MT TABOR | | 23d. LOCATION (City, town, or county) (State) ATLANTA - MO |

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|--|--|--|---|
| 24. FUNERAL DIRECTOR Theo H. Gooding - ATLANTA, MO | | 25. DATE RECD. BY LOCAL REG. 9/21/59 | 26. REGISTRAR'S SIGNATURE Kath Mueely |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

007-7-150
1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thos H. Goodding

Licensed Embalmer No. 3982

P. O. Address Atlanta, Ga.

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.