

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001539

FILED VS. JAN 25 1960

Registration District No. 149 Primary Registration District No. 100 Registrar's No. 145 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>BENTON</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jackson City</u>		Length of stay in 1b <u>6 WKS.</u>		c. CITY OR TOWN <u>FORTHVIEW</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1441 Indip. Ave.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Arthur Louis Fisher</u>				4. DATE OF DEATH Month Day Year <u>1 - 8 - 1960</u>				
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5-20-1891</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Paradise, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Louis Fisher</u>			13b. MOTHER'S MAIDEN NAME <u>Nellie Sharp</u>			14. NAME OF HUSBAND OR WIFE <u>Lucy Fisher</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 Address <u>Adrain Fisher 620 E 55th St</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>6 years</u>	
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 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.								
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <u>12-29-59</u> and last saw her <u>3:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <u>1-8-60</u> and last saw him alive on <u>1-8-60</u>								
22a. SIGNATURE (Degree or title) <u>Frank Paul Lawrence M.D.</u>				22b. ADDRESS <u>428 S. White Ave</u>			22c. DATE SIGNED <u>1-8-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JAN 11-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mossey Cemetery</u>		23d. LOCATION (City, town, or county) <u>Edwards, Mo</u>				
24. FUNERAL DIRECTOR <u>D.W. Neekomeis Sons</u>			ADDRESS <u>M.K.C.</u>	25. DATE RECD. BY LOCAL REG. <u>1-11-60</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		

DOCUMENT

BY AFFIDAVIT OF Frank Paul Lawrence M.D. MEDICAL CERTIFICATION

1441 Inaley

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 John L. Ferrick
Licensed Embalmer No. 484

P. O. Address K. C. 17

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.