

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 18 1960

-60-014600

STATE FILE NUMBER

Registration District No. 74 Primary Registration District No. 5295 Registrar's No. 12

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Shawnee</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Concord Junh.</u>		Length of stay in 1b		c. CITY OR TOWN <u>Topeka</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			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <u>22 No. Jordon</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Philip</u> Middle <u>R.</u> Last <u>Fisher</u>				4. DATE OF DEATH Month <u>April</u> Day <u>13</u> Year <u>1960</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>1-11-1922</u>	9. AGE (last birthday) <u>38</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. Air Force</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (City and state or country) <u>Miami Florida</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Not known</u>			13b. MOTHER'S MAIDEN NAME <u>Eva Deen</u>			14. NAME OF HUSBAND OR WIFE <u>Evelyn S. Fisher</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes at time of death</u>			16. SOCIAL SECURITY NO. <u>266-14-4136</u>		17. INFORMANT <u>Military Records</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>Plane Crash</u>								INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						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 18.)							
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____										
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Military service</u>			20f. CITY, TOWN, OR LOCATION <u>Clinton Mo.</u>		COUNTY		STATE	
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) <u>Ed Mann, D.O. Coroner</u>				22b. ADDRESS <u>Leathery, Mo.</u>				22c. DATE SIGNED <u>4-14-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-21-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>			23d. LOCATION (City, town, or county) <u>Miami Florida</u>		STATE		
24. FUNERAL DIRECTOR <u>Syon Funeral Home Inc. Plattsburg, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>4-16-1960</u>		26. REGISTRAR'S SIGNATURE <u>Mary W Seearce</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{was not} ~~was~~ embalmed by
or by _____, Student Embalmer No. ~~1234~~
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Phillip E. Cook

Licensed Embalmer No. 4993

P. O. Address Clarking,

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.