MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-000477
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 26

AMENDED FILED VS JAN 31 1961

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fulton
Length of stay in 1b: 3 Wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Callaway Memorial
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Callaway
c. CITY OR TOWN: Fulton
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Walter Middle: C. Last: Fisher
4. DATE OF DEATH: Month: Jan. Day: 28, Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2/11/188
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months: 11 Days: 17
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Callaway Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Charles Fisher
13b. MOTHER'S MAIDEN NAME: Martha Boggess
14. NAME OF HUSBAND OR WIFE: Ethel Fisher(Dec.)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Earl Mc Clellan Address: Fulton Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia with Coma, terminal — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): myocardial failure, terminal pneumonia — weeks
DUE TO (c): Hypertensive C.V. renal disease — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diffuse myocarditis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 July 53, to 28 Jan 61 and last saw her/him alive on 27 Jan 61
Death occurred at 28 Jan 61 4 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): E. F. Dish MD
22b. ADDRESS: Fulton, Mo.
22c. DATE SIGNED: 28 Jan 61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/30/1961
23c. NAME OF CEMETERY OR CREMATORY: Callaway Memorial Gardens
23d. LOCATION (City, town, or county) (State): Fulton Mo.
24. FUNERAL DIRECTOR ADDRESS: Maupin Funeral Home Fulton Mo.
25. DATE RECD. BY LOCAL REG.: Jan. 28-1961
26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

TYPEWRITER RIBBON — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — ITEM NO. — SHOULD READ — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT

FEB 1 1951

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 Gene C. Mangin

Licensed Embalmer No. 5092

P. O. Address Fulton, Mo.

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.