MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014539
STATE FILE NUMBER

AMENDED

Registration District No. 231 Primary Registration District No. 5808 Registrar's No. 20

FILED MAY 8 1961

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO
b. COUNTY: MONTGOMERY
c. CITY OR TOWN: 4 Miles North
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 7 Jonesburg
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First HENRY Middle CARL Last FISCHER
4. DATE OF DEATH: Month 4 Day 27 Year 61
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12-13-67
9. AGE (last birthday): 93
IF UNDER 1 YEAR: Months Days
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:
11. BIRTHPLACE (City and state or country): Essen Germany
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: August Fischer
13b. MOTHER'S MAIDEN NAME: unknown
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):
16. SOCIAL SECURITY NO.: —
17. INFORMANT: August Fischer Address: Jonesburg 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): CONGESTIVE HEART FAILURE
INTERVAL BETWEEN ONSET AND DEATH: 10 DAYS
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 (a): UREMIA
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 22 April 61, to 27 April 61 and last saw him alive on 27 April 61
Death occurred at 2100 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Matthew Marks (Degree or title) D.O.
22b. ADDRESS: Jonesburg, Mo.
22c. DATE SIGNED: 29 April 61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-30-61
23c. NAME OF CEMETERY OR CREMATORY: Lutheran
23d. LOCATION (City, town, or county): Jonesburg (State): Mo
24. FUNERAL DIRECTOR: C. A. Harding ADDRESS: Jonesburg Mo
25. DATE RECD. BY LOCAL REG.: 4-29-61
26. REGISTRAR'S SIGNATURE: Laura B. Callaway

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF	DOCUMENT

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 Earl A. Harding

Licensed Embalmer No. 4115

P. O. Address Jonesboro 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.