

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017080

STATE FILE NUMBER

AMENDED

FILED JUN 1 2 1961

Primary Registration District No. 200 Registrar's No. 553

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Springfield</b>  |   | Length of stay in 1b<br><b>45 yrs</b>   | c. CITY OR TOWN <b>Springfield</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Baptist Hospital</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>1340 N. LaFontaine</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>JOHN HENRY FISHER</b>   |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>June 1 1961</b>   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>May 14, 1894</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Contractor - Painter</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>painting &amp; Decorating</b>   | 9. AGE (last birthday)<br><b>67</b><br>IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.  |
| 11. BIRTHPLACE (City and state or country)<br><b>Christian Co., Mo</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME<br><b>William Fisher</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Martha Draper</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Mae Fisher</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 17. INFORMANT<br>Address<br><b>Mrs Mae Fisher, Springfield, Mo.</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Left middle cerebral artery hemorrhage</b>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 hours</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)   |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART (a)<br><b>Coronary artery sclerosis</b>  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br><b>Hour</b>   | Month, Day, Year  |   |  |
| 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  | COUNTY STATE   |
| 21. I attended the deceased from <b>July 1957</b> to <b>June 61</b> and last saw <b>him</b> on <b>June 61</b><br>Death occurred at <b>2:45 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE<br><b>Francis M. Maple MD</b>   |   | 22b. ADDRESS<br><b>Springfield, Mo.</b>   | 22c. DATE SIGNED<br><b>3 June 61</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>June 3, 1961</b>  | 23c. NAME OF CEMETERY OR CREMATOR<br><b>Greenlawn</b>   | 23d. LOCATION (City, town, or county)<br><b>Springfield, Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>Jewell E. Windle B.W.</b><br>Address<br><b>Jewell E. Windle, Springfield, Mo.</b>   | 25. DATE RECD. BY LOCAL REG.<br><b>6-6-61</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Effie G. Melton</b>   |  |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 embalmed by me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield

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.