

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029253

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

149 Primary Registration District No. 1002 Registrar's No. 3875

STATE FILE NUMBER

AMENDED

Registration District No. FILED AUG 25 1961

1. PLACE OF DEATH a. COUNTY <i>Jackson County</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i> Length of stay in lb <i>7 hrs 20 min</i>		c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Baptist Hosp.</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>2607 Penn</i> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>Baby Boy Fischer</i>			4. DATE OF DEATH Month Day Year <i>8-3-61</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8-2-61</i>	9. AGE (last birthday) IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min. <i>7 20</i>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <i>infant</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>infant</i>	11. BIRTHPLACE (City and state or country) <i>Kansas City Mo</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Elden Fisher</i>	13b. MOTHER'S MAIDEN NAME <i>Leah Caswell</i>	13c. NAME OF HUSBAND OR WIFE <i>none</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service <i>No</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>E. Fischer, Kansas City Mo.</i> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<i>atelectasis</i>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	<i>Prematurity</i>	

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour s.m. p.m. 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
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21. I attended the deceased from <i>8-2-61</i> to <i>8-3-61</i> and last saw her alive on <i>8-3-61</i>	
Death occurred at <i>2:00 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Name and title) <i>Richard D. Blim M.D.</i>	22b. ADDRESS <i>Kansas City Mo.</i>	22c. DATE SIGNED <i>8-4-61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Funeral</i>	23b. DATE <i>8-3-61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Stansberry Mo.</i>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR <i>Rose Johnson, Stansberry, Mo.</i> ADDRESS	25. DATE RECD. BY LOCAL REG. <i>8-4-61</i>	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

Richard D. Blim MEDICAL CERTIFICATION

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.