

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-005337  
STATE FILE NUMBER

AMENDED

Filed MAR 5 1962 Primary Registration District No. 3000 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <b>Adair</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Adair</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkville</b>		Length of stay in 1b	c. CITY OR TOWN <b>Kirkville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Kirks. Osteopathic Hos.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>700 W Shelby</b>		
3. NAME OF DECEASED (Type or print) First <b>JOSIE</b> Middle <b>FISCUS</b> Last <b>FISCUS</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>25</b> Year <b>1962</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-24-1877</b>	9. AGE (last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>1</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	11. BIRTHPLACE (City and state or country) <b>Adair County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Samuel A. Adams</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Morris</b>		14. NAME OF HUSBAND OR WIFE <b>James Fiscus (D)</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. -----	17. INFORMANT <b>Mrs. Henry Medlin, Kirkville, Mo.</b>			
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 Hours	
IMMEDIATE CAUSE (a) <b>Uremia</b>					Hours	
DUE TO (b) <b>Hypostatic Pneumonia</b>					Hours	
DUE TO (c) <b>Cholecystitis and Cholelithiasis</b>					Days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Severe Anemia and Congestive Heart Failure</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? 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 Hour <b>8:30</b> a.m. p.m.	Month, Day, Year <b>3-18-60</b>		20f. CITY, TOWN, OR LOCATION <b>Kirkville, Mo.</b>			
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>8:30</b> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <b>8:30</b> P. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>[Signature]</i>			22b. ADDRESS <b>Kirkville, Mo.</b>		22c. DATE SIGNED <b>2-27-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/28/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Refuge Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Adair County, Missouri</b>			
24. FUNERAL DIRECTOR <b>Davis &amp; Davis, Kirkville, Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>2-28-1962</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ BY AFFIDAVIT OF

MEDICAL CERTIFICATION

LYLE P. PARTIN, D.O.

**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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.