

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029969

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 170

**FILED SEP 4 1962**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Butler</b>		Length of stay in 1b <b>55 yrs</b>	c. CITY OR TOWN <b>Butler</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>Bates Co. Memorial Hosp</b>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>102 S. Havana</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Leta VanDorn Fisk</b>			4. DATE OF DEATH Month <b>August</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>11-17-1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	9. AGE (last birthday) <b>76</b> IF UNDER 1 YEAR: Months <b>9</b> Days <b>8</b> Hours <b></b> Min. <b></b> IF UNDER 24 HR: Hours <b></b> Min. <b></b>
11. BIRTHPLACE (City and state or country) <b>Pontiac, Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>G.L. VanDorn</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Geberg</b>	14. NAME OF HUSBAND OR WIFE <b>Charles Fisk</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Chas. L. Fisk</b> Address <b>Butler, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>PARKINSONIAN SYNDROME</b> DUE TO (c) <b>Branchio-Genesler's</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 Mos</b> <b>10 Yrs.</b> <b>1 Day</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <b>Pneumonia</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></b> a.m. <b></b> p.m. <b></b> Month, Day, Year <b></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 <b>Butler, Mo.</b> COUNTY <b></b> STATE <b></b>
21. I attended the deceased from <b>1951</b> to <b>8-25-1962</b> and last saw <sup>her</sup> <del>him</del> alive on <b>8-25-62</b> Death occurred at <b>5:15 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Carter W. Hunter MD</b> (Degree or title)		22b. ADDRESS <b>Butler Mo</b>	22c. DATE SIGNED <b>8/27/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-28-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakhill Cemetery</b>	23d. LOCATION (City, town, or county) <b>Butler, Mo.</b> (State)
24. FUNERAL DIRECTOR <b>Culver-Underwood</b> ADDRESS <b>Butler, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-27-62</b>	26. REGISTRAR'S SIGNATURE <b>Norman Wilson</b>

USE BLACK INK OR TYPEWRITER RIBBON

JAN 31 1963

**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. Sturtevant

Licensed Embalmer No. 4657

P. O. Address Butler, 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.