

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014895

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 30 Primary Registration District No. 5104 Registrar's No. 25

STATE FILE NUMBER

FILED MAY 6 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>BENTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BENTON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WARSAW</u>		c. CITY OR TOWN <u>WARSAW</u>	
Length of stay in b <u>27 years.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>TOM township</u>		d. STREET ADDRESS (If outside, give location) <u>WARSAW</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ALBERT AUGUSTUS FISHER</u>			4. DATE OF DEATH Month Day Year <u>May 1 1963</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 21, 1883</u>
9. AGE (last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>10</u>	IF UNDER 24 HR Hours <u>10</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad - sheet metal worker.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cleburn Texas</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>
13a. FATHER'S NAME <u>John W. Fisher</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Gordon</u>	14. NAME OF HUSBAND OR WIFE <u>Dora E. Fisher</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	17. INFORMANT Address: <u>Dora E. Fisher Warsaw, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>UREMIA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>ONE MONTH</u>
DUE TO (b) <u>"PROSTATISM" WITH PYELITIS AND URINARY CYSTITIS</u>			<u>.2 MONTHS</u>
DUE TO (c) <u>HYPERTROPHY OF THE PROSTATE GLAND.</u>			<u>1 YEAR.</u>
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
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 Month, Day, Year a.m. p.m.		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 <u>MARCH 1, 1963</u> to <u>MAY 1, 1963</u> and last saw her/him alive on <u>APRIL 29, 1963</u> Death occurred at <u>6:15 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Quac Sally DO</u>		22b. ADDRESS <u>WARSAW, MO.</u>	
22c. DATE SIGNED <u>5-3, 63</u>			
23b. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23c. DATE <u>May 4, 1963</u>	23d. LOCATION (City, town, or county) (State) <u>Warsaw Benton Co, Mo</u>	
24. FUNERAL DIRECTOR <u>John J. Reser</u> ADDRESS <u>Warsaw</u>		25. DATE RECD. BY LOCAL REG. <u>May 4, 1963</u>	
		26. REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>	

USE BLACK INK OR TYPEWRITER RIBBON

MAY 17 1963

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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 John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.