

FILED FEB 15 1949

STANDARD CERTIFICATE OF DEATH

State File No. 1083

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5515 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Shawnee		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton	
c. LENGTH OF STAY (in this place) 77 years		d. STREET ADDRESS (If rural, give location) Rural 7 mi n e Clinton mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) JOHN	b. (Middle) ROBERT	c. (Last) FIFER	(Month) Feb	(Day) 10	(Year) 1949

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 15 1871	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 1 Days 25	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Henry County Missouri	12. CITIZEN OF WHAT COUNTRY? United States of America
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13a. FATHER'S NAME William Fifer	13b. MOTHER'S MAIDEN NAME Matilda Dean	14. NAME OF HUSBAND OR WIFE Bessie Shothore Fifer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Audrey Childers	ADDRESS Clinton mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Cerebral Endarteritis rise to the above cause (a) stating the underlying cause last. DUE TO (c) Atherosclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **2-7**, 1949, to **2-10**, 1949, that I last saw the deceased alive on **2-7**, 1949 and that death occurred at **9 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Elwin C. Peeler M.D.	23b. ADDRESS Clinton Mo	23c. DATE SIGNED 7/11/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 12 - 49	24c. NAME OF CEMETERY OR CREMATORY maplewood Cem	24d. LOCATION (City, town, or county) (State) Brownington mo.
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DATE REC'D BY LOCAL REG. Feb 11 - 49	REGISTRAR'S SIGNATURE R.R. Kenney	25. FUNERAL DIRECTOR'S SIGNATURE Frank Wickerson	ADDRESS Clinton
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No.

District File Number 1-49-8

Date Filed 2-14-4

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.

Signed _____

Fred J. Johnson

Signed _____

Student Embalmer

Licensed Embalmer No. 2-178

P. O. Address Clinton, N.Y.

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 this body is not embalmed, fact should be so stated above.