

FILED DEC 4 1950

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **36280**
Registrar's No. **1328**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5133		Registrar's No. 1328	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR Hurlinger TOWN Easton, R.R. #2 Marion		c. LENGTH OF STAY (in this place) 50 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR Hurlinger, Mo. TOWN Easton, R.R. #2, Marion Twsp.		d. STREET ADDRESS (If rural, give location) N.E. of St. Joseph 14 Miles	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give address or location) No. East of St. Joe. 14 Mi.				d. STREET ADDRESS (If rural, give location) N.E. of St. Joseph 14 Miles			
3. NAME OF DECEASED (Type or Print) John		a. (First) Joseph		c. (Last) Fisher		4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 30, 1877		9. AGE (In years last birthday) 72 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) Buchanan Co. Hurlinger, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Alexander Fisher		13b. MOTHER'S MAIDEN NAME Mary Eliz. Kessler		14. NAME OF HUSBAND OR WIFE Clotilda			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Clotilda Fisher Easton, Mo. Rt 2			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Rise Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia				INTERVAL BETWEEN ONSET AND DEATH Not known 4 20-1 10 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-13-50 , to 11-21 , 19 50 , that I last saw the deceased alive on 11-23 , 19 50 , and that death occurred at 6:25 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harold J. Brunner MD		23b. ADDRESS St. Joseph, Mo		23c. DATE SIGNED 11-24-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 27, 1950		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		24d. LOCATION (City, town, or county) (State) Hurlinger, Missouri	
DATE REC'D BY LOCAL REG. Nov. 28, 1950		REGISTRAR'S SIGNATURE Carl C. Caserio		25. FUNERAL DIRECTOR'S SIGNATURE Herman W. J. J. J. J.		ADDRESS 1802 Union St	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 29 1954

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert H. Yapli

Licensed Embalmer No. 3308

P. O. Address. St. Joseph, 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 this body is not embalmed, fact should be so stated above.