

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-022786
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 733

FILED JUL 6 1965		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u> Length of stay in 1b <u>3 months</u>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1001 Logan St.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
c. CITY OR TOWN <u>Clarksdale</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. STREET ADDRESS (If outside, give location) <u>RFD</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED First <u>PAUL</u> Middle <u>J.</u> Last <u>FISHER</u>		
4. DATE OF DEATH Month <u>June</u> Day <u>23</u> , Year <u>1965</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>1/10/1930</u>		9. AGE (last birthday) <u>85</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
11. BIRTHPLACE (City and state or country) <u>Buchanan Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>William Fisher</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Weidmaier</u>
14. NAME OF HUSBAND OR WIFE <u>Anna</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.
17. INFORMANT <u>Mrs. Oscar Hausman</u>		Address <u>St. Joseph, 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>acute left ventricular failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary atherosclerosis</u>		<u>Immediate</u>
DUE TO (c) <u>arteriosclerotic cardiovascular disease</u>		<u>8 yrs</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 a.m. p.m. Month, Day, Year		
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>6-18-65</u> to <u>6-23-65</u> and last saw her/him alive on <u>6-21-65</u> Death occurred at <u>5:20p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>R. L. Maginn</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>702 Julia, St. Joseph, Mo</u>
		22c. DATE SIGNED <u>6-25-65</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-26-65</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>
		23d. LOCATION (City, town, or county) (State) <u>Hurlingen, Mo.</u>
24. FUNERAL DIRECTOR <u>H. O. Sidenfaden & Son</u> ADDRESS <u>St. Joseph, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>June 30, 1965</u>
		26. REGISTRAR'S SIGNATURE <u>Mrs. Clara Goodell</u>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DATE AMENDED

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF R. L. Maginn, M.D. MEDICAL CERTIFICATION

VS 300 Rev. 4/59
1 5-117
2 5110
3
4 0
5 1
6
7 0
8 2
9420.1
10
11
12 90-0
13

01-2-1950-2-13

MISSOURI

Patent issued 6-25-65

D. Morgan

3-1

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 Barbara Jean Fortmann, Student Embalmer No. 741
working under my personal supervision.

Student Barbara Jean Fortmann
Signature of Student Embalmer

Signed Robert H. Kippel
Licensed Embalmer No. 3308

P. O. Address St. Joseph, Missouri

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.