MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

165	-022786
	CTATE BILE MINAGED

					egistration District No	042 Pri	mary Registration	District No. 100	Registrar's No.	733	S	TATE FILE NU	MBER
DO NOT WRITE ON THIS STUB		AMEN	DED	-									
VS 300	ا ما		1 1	┨╹	PLACE OF DEATH	1965 Buchanan			a. STATE Mis				Residence before admission)
Rev. 4/59	AMENDED		11	-	b. CITY (If outside co	orporate limits, give TOWN	SHIP only)	Length of stay in 1b	c. CITY				Inside Limits
	鱼				OR	Joseph		3 months	II OR	arksdale			Yes □ No 🔯
1 5-112		Ιi		1-		NOT in hospital, give loca	ntion)	Inside Limits	d. STREET		cutside, give li	ocation)	Reside on Farm
	12			1	HOSPITAL OR			Yes-₽ No □	ADDRESS	-			Yes 🖳 No 🗅
25110	DAT		Ш	1-		1001 Logan St	•	, X	II RF			<u> </u>	10.04.00
3	/ []			1	. NAME OF DECEASED (Type or print)			Middle	Last	4. DATE OF	Month	Day	Year
					(type or primi	PAUL		J.	FISHER	DEATH	June	23,	1965
4 0				1 -	. SEX	6. COLOR OR RACE	7. Married		8. DATE OF BIRTH			NDER 1 YEAR	
5 ,		11		ı	Male	White	Widowed	Divorced 🗋	1/10/1330	85	Mon	iths Days	Hours Min.
			1	1		(Give kind of work done	10b. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (City and state or	country) 12.	CITIZEN OF V	WHAT COUNTRY
6	≨				Retired Far	ing life, even if retired) mer	Farmi	nø	Buchanan	Co., Mo	,	U. S. I	A _
7				1	a. FATHER'S NAME			OTHER'S MAIDEN NAM	AE .	14. N	NAME OF HUSBA		
					William Fis	hon	1 1.0	uise Weidma	ier	An	na		
ו מ א				1	. WAS DECEASED EVER	R IN U.S. ARMED FORCES?	16. S	OCIAL SECURITY NO.	17. INFORMANT		Addres	55	
•	AS			0	es, no, or unknown) [{If	f yes, give war or dates of	service)		Mrs. Oscar	Hausman	. 9	St. Jose	eph, Mo.
9420.1	AKE	li	_	. –		1 (Enter only one cause per DEATH WAS CAUSED BY		, and (c).	in b. obcur	1104011011			ERVAL BETWEEN
10 [_		CUMEN		PART I.				ا. ا بمر د	11		ON	ISET AND DEATH
11	취		}	1		IMMEDIATE CAUSE (a)	muti lu	עמנעוראוטע גו	<u>r Highw</u>		N/M	MARKET
				1			` —						
	KECOKU FEAD OF					ons, if any,) DUE TO (Camara	nechasin	<i>U</i>		مالاه	mediati
	INSTEAD				which g above stating	gave rise to cause (a), the under-	b)	CAMANA	actualier			29m	mediati
12 90-0	INST		Dod		which g above stating lying c	gave rise to cause (a), the under-cause last. DUE TO	b)	Crimary	actualin util contur	<u>nalw d</u>		S deceased	pa temple was
13	NSI INSI		Jod	NOITA	which g above stating lying c	gave rise to cause (a), the under-	c)	Crimary	actualin util contur	<u>nalw d</u>	PART III, If		was female was
13	NSI INSI		DOC		which g above stating lying c	cause (a), the under- cause last. DUE TO	c)	Crimary	actualin util contur	<u>nalw d</u>	PART III. If		cy in last 90 days.
13	NSI INSI		000		which g above stating lying c	cause (a), the under- cause last. DUE TO	c) CONDITIONS CO in PART 1 (a)	CHMANY ONTRIBUTING TO DEAT	MELLEN CANALING TH but not related to	the terminal	PART III. If	Yes N	to Unknown
13	NSI INSI		000	CERTIFICATION	which of above stating lying of PART II 19. WAS AUTOPSY PERFORMED? YES NO 23.	peve rise to cause (a), the undercause last. DUE TO disease condition given 20a. ACCIDENT SUICIDET COMMON	c) ONDITIONS CO in PART 1 (a)	CAMALY ONTRIBUTING TO DEAT	whi Candury TH but not related to	the terminal	PART III. If	Yes N	to Unknown
13	NSI INSI		000	EDICAL CERTIFICATION	PART II 19. WAS AUTOPSY PERFORMED? YES NO 25	zeve rise to cause (e), the undercause last. DUE TO (disease condition given Month, Day, Year	c) ONDITIONS CO in PART 1 (a)	CAMALY ONTRIBUTING TO DEAT	whi Candury TH but not related to	the terminal	PART III. If	Yes N	to Unknown
13	NSI INSI		30d	EDICAL CERTIFICATION	PART II 19. WAS AUTOPSY PERFORMED? YES NO 25. 20c. TIME OF Hour a.m. p.m.	pave rise to cause (e), the undercause last. DUE TO disease condition given	CONDITIONS CO	CMMANA DISTRIBUTING TO DEAT 20b. DESCRIBE HO	th but not related to	the terminal of the terminal o	PART III. If the	Yes N	to Unknown
RIBBON NORTH	AMENDMENTS ON THIS	9.784	000	MDAEDICAL CERTIFICATION	PART II 19. WAS AUTOPSY PERFORMED? YES NO 25. 20c. TIME OF Hour a.m. p.m.	pave rise to cause (e), the undercause last. DUE TO disease condition given	CONDITIONS CO	CHMANA CONTRIBUTING TO DEAT	whi Candury TH but not related to	the terminal of the terminal o	PART III. If the	Yes N	cy in last 90 days. O Unknown of item 18.)
RIBBON NORTH	AMENDMENTS ON THIS		<u> </u>	EDICAL CERTIFICATION	PART II 19. WAS AUTOPSY PERFORMED? YES NO 23. 20c. TIME OF Hour INJURY a.m. p.m. 20d. INJURY OCCURR WHILE AT WORK	Appear is to cause (a), the undertause last. DUE TO disease condition given 20a. ACCIDENT SUICIE Month, Day, Year ED 2 20a. PLACE farm, WORK	CONDITIONS CO	CAMALY ONTRIBUTING TO DEAT 20b. DESCRIBE HO	W INJURY OCCURRED	the terminal of the terminal o	PART III. If the	Yes N N	cy in last 90 days. IO Unknown of item 18.)
RIBBON NORTH	READ AMENDMENTS ON THIS READ INST		<u> </u>	MDAEDICAL CERTIFICATION	PART II 19. WAS AUTOPSY PERFORMED? YES NO 25. 20c. TIME OF Hour a.m. p.m.	Appear is to cause (a), the undertause last. DUE TO disease condition given 20a. ACCIDENT SUICIE Month, Day, Year ED 2 20a. PLACE farm, WORK	CONDITIONS CO	DITRIBUTING TO DEAT 20b. DESCRIBE HO 3., in or about home, ffice bldg., etc.)	TH but not related to the state of the state	the terminal of the terminal o	PART III. If the finding in PART	I Yes Pregnan	ory in last 90 days. Io Unknown of item 18.)
RIBBON NORTH	READ AMENDMENTS ON THIS READ INST		DOG	inn, MDREDICAL CERTIFICATION	PART II 19. WAS AUTOPSY PERFORMED? YES NO 22. 20c. TIME OF Hour P.m. 20d. INJURY OCCURR WHILE AT WORK NOT WHILE AT VORK NOT WHILE	zeve rise for cause (e), the under-cause (e), the under-cause last. DUE TO (disease condition given 20s. ACCIDENT SUICID (Diseased form 20s. ACC	CONDITIONS CO	DITRIBUTING TO DEAT 20b. DESCRIBE HO 3., in or about home, ffice bldg., etc.)	W INJURY OCCURRED	the terminal of the terminal o	PART III. If the finding in PART	I Yes Pregnan	ory in last 90 days. Io Unknown of item 18.)
RIBBON NORTH	READ AMENDMENTS ON THIS READ INST		Od	inn, MDREDICAL CERTIFICATION	which geove stating lying control of the part of the p	20a. ACCIDENT SUICIE Month, Day, Year Month, Day, Year WORK	ONDITIONS CO in PART 1 (a) HOMICIDE OF INJURY (e.g.	DITRIBUTING TO DEAT 20b. DESCRIBE HO 3., in or about home, ffice bldg., etc.)	TH but not related to the injury occurred to the stated above, and the date stated above.	the terminal of the terminal o	PART III. If the	I yes N N N N N N N N N	ory in last 90 days. IO Unknown of item 18.) STATE STATE Uses stated. 22c. DATE SIGNED
13	AMENDMENTS ON THIS		Of OF	inn, MDREDICAL CERTIFICATION	PART II 19. WAS AUTOPSY PERFORMED? YES NO 22. 20c. TIME OF Hour P.m. 20d. INJURY OCCURR WHILE AT WORK NOT WHILE AT VORK NOT WHILE	20a. ACCIDENT SUICIE Month, Day, Year Month, Day, Year WORK	ONDITIONS CO	20b. DESCRIBE HO	W INJURY OCCURRED 20f. CITY, TOWN, OR 22 - 65- 10e date stated above, or 22b. ADDRESS 782	the terminal of the terminal o	PART III. If the finding in PART iii. Iii. Iii. Iii. Iii. Iii. Iii. Iii	DUNTY R J -6- R, from the car	ory in last 90 days. IO Unknown of item 18.) STATE uses stated.
RIBBON NORTH	SHOULD READ INST		VIT OF DO	R. L. Maginn, MDAEDICAL CERTIFICATION	which general water and a shore stating lying of part II 19. WAS AUTOPSY PERFORMED? YES NO 22 20c. TIME OF Hour P.m. 20d. INJURY OCCURR WHILE AT WORK NOT WHILE AT	20a. ACCIDENT SUICIE T Month, Day, Year ED 2 20a. PLACE farm, WORK 1 (Dec	ONDITIONS CO	DITRIBUTING TO DEAT 20b. DESCRIBE HO 3., in or about home, ffice bldg., etc.)	W INJURY OCCURRED 20f. CITY, TOWN, OR 22 - 65- 10e date stated above, or 22b. ADDRESS 782	the terminal of the terminal o	PART III. If the finding in PART iii. Iii. Iii. Iii. Iii. Iii. Iii. Iii	DUNTY R J -6- R, from the car	ory in last 90 days. IO Unknown of item 18.) STATE STATE Uses stated. 22c. DATE SIGNED
RIBBON NORTH	SHOULD READ INST		VIT OF DO	R. L. Maginn, MDAEDICAL CERTIFICATION	Which go above stating lying copyright of the part of	20a. ACCIDENT SUICIE T Month, Day, Year ED 2 20a. PLACE farm, WORK 1 (Dec	ONDITIONS CO in PART 1 (a) E HOMICIDE OF INJURY (e.g. factory, street, o	20b. DESCRIBE HO	W INJURY OCCURRED 20f. CITY, TOWN, OR 22b. ADDRESS 782 MATORY 22ry	the terminal (Enter nature of the LOCATION, d last saw him all the best of the best of the best of the last saw him all the last saw him all the best of the best of the best of the best of the last saw him all the las	PART III. If the finding in III. If the finding in III. III. III. III. III. III. III. I	DUNTY By from the car County)	STATE STATE Uses stated. 22c. DATE SIGNED 6-25-65
RIBBON NORTH	NO. SHOULD READ INST		AFFIDAVIT OF DO	MR. L. Maginn, MDREDICAL CERTIFICATION	which of above stating lying of part II 19. WAS AUTOPSY PERFORMED? YES NO 23. 20c. TIME OF Hour P.m. 20d. INJURY OCCURR WHILE AT WORK NOT WORK N	DUE TO Cause (a), the undercause (a), the undercause last. DUE TO Compare the underc	ONDITIONS CO in PART 1 (a) E HOMICIDE OF INJURY (e.g. factory, street, o	20b. DESCRIBE HO	W INJURY OCCURRED 20f. CITY, TOWN, OR 22f. ADDRESS 782 MATORY	the terminal (Enter nature of the LOCATION, d last saw him all the best of the best of the best of the last saw him all the best of the last saw him all the best of the last saw him all the best of the best o	PART III. If the	DUNTY By from the car County)	STATE STATE Unknown of item 18.) STATE STATE Uses stated. 22c. DATE SIGNED 6-25-65 (State)
RIBBON NORTH	SHOULD READ INST		VIT OF DO	MR. L. Maginn, MDREDICAL CERTIFICATION	which general with the stating lying of part II 19. WAS AUTOPSY PERFORMED? YES NO 22 20. TIME OF Hour p.m. 20d. INJURY OCCURR WHILE AT WORK NOT WORK NOT WITH A WORK NOT WO	DUE TO Cause (e), the undercause (e), the undercause last. DUE TO (disease condition given 20a. ACCIDENT SUICID (Deceased from 1.2 20a. PLACE farm, WORK (1.2 20a. PLACE farm) (1.	ONDITIONS CO in PART 1 (a) E HOMICIDE OF INJURY (e.g factory, street, o	20b. DESCRIBE HO 20b. DESCRIBE HO 20b. DESCRIBE HO 3., in or about home, ffice bldg., etc.) 5:20p.m on the control of the	W INJURY OCCURRED 20f. CITY, TOWN, OR 22b. ADDRESS 782 MATORY 22ry	the terminal (Enter nature of the LOCATION) d last saw him all and to the best of the LOCATION (Hurlinge EG. 26. REGIS	PART III. If the finding in III. If the finding in III. III. III. III. III. III. III. I	DUNTY By from the car County)	STATE STATE Unknown of item 18.) STATE STATE Uses stated. 22c. DATE SIGNED 6-25-65 (State)

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STATEMENT BY LICENSED EMBALMER

Barbara Jean Forti	mann	, Sludeni	Embalmer No <u>741</u>
y personal supervision.	.	Λ	
bara Jean Forts	yann Signe	d Robert App	<u>l</u>
Signature of Student Embalmer	-		2204
		1 1 45	

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.