

FILED JAN 3 1949

## STANDARD CERTIFICATE OF DEATH

40917

State File No. ....

74  
1  
2

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3045 Registrar's No. 302

1. PLACE OF DEATH a. COUNTY <b>MOHAWAY</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>BUCHANAN</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>MARYVILLE</b>		c. LENGTH OF STAY (in this place) <b>1 MO. 4 D.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>WASHINGTON</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSPITAL</b>			d. STREET ADDRESS (If rural, give location) <b>RFD #4, ST. JOSEPH</b>			
3. NAME OF DECEASED (Type or Print) <b>MARTIN</b>		a. (First)	b. (Middle)	c. (Last) <b>FISHER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12 22 1948</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>APRIL 6, 1851</b>	9. AGE (In years last birthday) <b>97</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (State or foreign country) <b>St. Genevieve, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>YES</b>	
13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>VERONICA</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>SISTER AGATHA</b> ADDRESS <b>MT. ALVERNON CONVENT</b>			
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. <b>44c</b>	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute Parotitis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>coronary arteriosclerosis arteriosclerosis general</b> DUE TO (c) <b>senility</b> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>					INTERVAL BETWEEN ONSET AND DEATH <b>96 hrs</b>
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>0</b>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10:05 A.M.</b> , from the causes and on the date stated above.						
23a. SIGNATURE <b>B. B. Blyant</b> (Degree or title) <b>MD.</b>			23b. ADDRESS <b>Maryville, MO.</b>		23c. DATE SIGNED <b>12/2/48</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12/22/48</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph, MO.</b>	24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <b>12-24-48</b>	REGISTRAR'S SIGNATURE <b>Bess Holt</b>		229	25. FUNERAL DIRECTOR'S SIGNATURE <b>Heaton Brown</b>		ADDRESS <b>3195 11th St. Joseph, MO.</b>

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

**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 .....  
Student Embalmer

Signed

*William Spalding*

Licensed Embalmer No. 4535

P. O. Address 319 S. 10<sup>th</sup> St. Joplin, 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.