

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39751**

FILED DEC 15 1953

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 3846		Registrar's No. 56			
1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau					
b. CITY OR TOWN California		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN California		d. STREET ADDRESS Walker 06810			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) HENRITTA KOHITTA FISHER			a. (First)			b. (Middle)			
4. DATE OF DEATH Nov 24 1953			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year)			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 12 1869			
9. AGE (in years last birthday) 84		if UNDER 1 YEAR Months 1 Days 12		IF UNDER 1 YEAR Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) Cooper County			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Nicholas Heinew			13b. MOTHER'S MAIDEN NAME Mary Franken			14. NAME OF HUSBAND OR WIFE Stephen Fischer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Stephen Fischer ADDRESS California				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis				DUPLICATE				1 year	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis				DUPLICATE				5 year	
DUE TO (c)				DUPLICATE					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUPLICATE					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from Feb 10 , 1951, to Nov 24 , 1953, that I last saw the deceased alive on Nov 24 , 1953, and that death occurred at 8 p. m., from the causes and on the date stated above.									
23a. SIGNATURE Kenneth Latham M.D. (Degree or title)				23b. ADDRESS California, Mo.		23c. DATE SIGNED 12-7-53			
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 11-27-1953		24c. NAME OF CEMETERY OR CREMATORY Catholic Cem.		24d. LOCATION (City, town, or county) (State) California Mo.			
DATE REC'D BY LOCAL REG. 12-10-53		REGISTRAR'S SIGNATURE H. L. Popejoy		25. FUNERAL DIRECTOR'S SIGNATURE Thugh E. Williams		ADDRESS California Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0651

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 Hugh E Williams

Licensed Embalmer No. 3537

P. O. Address California 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.