

STANDARD CERTIFICATE OF DEATH

State File No. **37931**BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 357

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elvins		c. LENGTH OF STAY (in this place) Elvins	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) 0940	

3. NAME OF DECEASED (Type or Print)	a. (First) MODE	b. (Middle) (NONE)	c. (Last) FISHER	4. DATE OF DEATH (Month) (Day) (Year) Nov-26-1955
-------------------------------------	---------------------------	------------------------------	----------------------------	---

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan 4, 1893	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				62	Months 10 Days 22	Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	10b. KIND OF BUSINESS OR INDUSTRY Lead	11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> Flat River, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	---	---

13a. FATHER'S NAME William Fisher	13b. MOTHER'S MAIDEN NAME Sarah Boulch	14. NAME OF HUSBAND OR WIFE None
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes War #1	16. SOCIAL SECURITY NO. 493-03-9562	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ivan Lewis Elvins, Mo.	ADDRESS Mo.
--	---	---	-----------------------

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 about 2 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon monoxide Gas		
	ANTECEDENT CAUSES Poisoning 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. 8920			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 15	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

21a. ACCIDENT (Specify) SUICIDE HOMICIDE accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Elvins, St. Francois Co. Mo.
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-26-1955 11:20 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? From a lighted gas stove without a vent
---	---	--

22. I hereby certify that I attended the deceased from about 7, 1955, to just saw him, 1955, that I last saw the deceased alive on 19, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul L. Jones M.D.	23b. ADDRESS Flat River, Mo.	23c. DATE SIGNED 11/28/55
---	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov-29-1955	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Flat River, Missouri
--	---------------------------------	--	--

DATE REC'D BY LOCAL REG. Nov. 28, 1955	REGISTRAR'S SIGNATURE Ethered Pudloff	25. FUNERAL DIRECTOR'S SIGNATURE Murphy L. Sparks	ADDRESS Flat River, Mo.
--	---	---	-----------------------------------

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

DEC 1 1958

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.....
Signature of Student Embalmer

Signed *Murphy L. Sparks*

Licensed Embalmer No. *4536*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.