

DEC 6 JAN 24 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43040  
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 314  
(b) Township Spoked Primary Registration District No. 54296 Registered No. 28  
(c) City Stamberg (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME OLLIE HESTER SISK

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Valley Sisk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 8 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City, Mo.

FATHER 13. NAME John Wesley DeWitt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gepp, Pa.

MOTHER 15. MAIDEN NAME Minnie Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City, Mo.

17. INFORMANT (ADDRESS) Valley Sisk, Stamberg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hatchell DATE 12/10/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arch C. Dumble, Grant City, Mo.

20. FILED 12-10-38 O S Berndt Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1938 to Dec 9, 1938. I last saw her alive on Dec 9, 1938 at 9:30 P.M. Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion.  
59

Other contributory causes of importance: Diabetic for 17 yrs.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) R. H. Gassman M. D.

(Address) Stamberg, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Arch C. Dumblee*

Licensed Embalmer No. *3252*

P. O. Address *Grant City, 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, above space should be left blank.**