

Dr. Taylor

REC'D MAY 16 1939

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

14686
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township Jefferson Primary Registration District No. 5293
(c) City (d) Street No. St.
(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. ds.

2. PRINT FULL NAME

250 Infant of Mr. and Mrs. Hy B Dissen
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April-18--1939</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS THAN 1 day, hrs. or <u>30</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	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) <u>Jefferson City, Mo</u>		
FATHER	13. NAME <u>Hy B Dissen</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vienna, Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Edna Blackburn</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson City, Mo</u>	
17. INFORMANT <u>Hy B. Dissen</u> (ADDRESS) <u>Jefferson City, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wardsville, Mo</u> DATE <u>Apr 18--1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Norman Gordon</u> <u>Jefferson City, Mo</u>		
20. FILED <u>5/17/39</u> <u>Chapman</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 18 1939

22. I HEREBY CERTIFY, that I attended deceased from Apr 18 1939 to Apr 18 1939.
I last saw him alive on Apr 18 1939. Death is said to have occurred on the date stated above, at 12 A m.
The principal cause of death and related causes of importance were as follows:
Malfunction of heart
Date of onset 15 M A

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis Physical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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) Dr. Taylor, M. D.
(Address) Jefferson City, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X16605

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.....

Licensed Embalmer No.....

P. O. Address.....

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.