V. S. No. 2
50M—5-42
ev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 6694

Registration District No. 116 Primary Registration District No. 5605 Registrar's No. 50

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

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Knobnoster, Mo. - R. Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Base Hospital Sedalia Army Air Base
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community ~~7th~~ 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Colo (b) County Denver
(c) City or town Denver
(If outside city or town limits, write "RURAL")
(d) Street No. 1555 Marion St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Corliss E. Dysinger
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leona
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 16 1911 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 31 | 3 | 25 | hr. min. |

9. Birthplace Des Moines (City, town, or county) Iowa (State or foreign country)
10. Usual occupation U.S. Army Air Force
11. Industry or business
MOTHER FATHER
12. Name Unkown
13. Birthplace " (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant Leona Dysinger
(b) Address Denver, Colo. 1555 Marion St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/13/43 (Month) (Day) (Year)
(c) Place: burial or cremation Denver, Colo.
18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.
19. (a) 2-12-43 (Date received local registrar) (b) Mrs C. E. Foster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11 year 1943 hour 7 minute 45 P.M.
21. I hereby certify that I attended the deceased from Feb 7, 1943 to Feb 11, 1943 and that I last saw him alive on Feb 11, 1943 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Subphrenic abscess | |
| Subhepatic abscess | 5 days |
| Due to Ruptured appendix | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings: Of operations Pus on drainage subphrenic abscess
Of autopsy Subphrenic + subhepatic abscess - Gangrenous appendix

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Major Paul A. Stout (M. D. or other)
Address Sedalia Army Air Base Date signed 2/12/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 9-4-43

OCT 14 1948

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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 L. E. Boulchin

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.**