

No. 2
M-5-43
5-17-39
X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37845**

FILED NOV 25 1946

Registration District No. **254**

Primary Registration District No. **4386**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Oregon**
(b) City or town **Thayer**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Oregon** **75c**
(c) City or town **Thayer** **1**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Cyrus Fissel**

3. (b) If veteran, name war **W.W.-1** 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Vina Fissel** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **August 22 1890**
(Month) (Day) (Year)

8. AGE: Years **56** Months **2** Days **05** If less than one day hr. _____ min. _____

9. Birthplace **Myrtle Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Common Laborer**

11. Industry or business _____

MOTHER FATHER { 12. Name **John C. Fissel**
13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Clementine Britt**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. W. Fortune**

(b) Address **Myrtle, Mo.**

17. (a) **Burial** (b) Date thereof **10/27/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Myrtle Cem.**

18. (a) Signature of funeral director **Deland Carter**

(b) Address **Thayer, Mo.**

19. (a) **11-14-46** (b) **Edith Brass**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **22**
year **1946** hour **11** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Oct 22 1946**
to **Oct 22 1946**
that I last saw him alive on **Oct 22 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Arrest
Hypertensive Heart Disease**

Due to **Abusive Neglect**

Other conditions **131B**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Edith Brass** (M. D. or other) **MD**
Address **Thayer, Mo** Date signed **11-1-46**

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

36602

RECEIVED

District Health Officer No. 5,

District File Number 1146637

Date Filed 11-21-46

1001
FEB 6

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, fact should be so stated above.