

3-300  
10-47  
17-39  
3906

Registration District No. 128

Primary Registration District No. 2000

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

**1. PLACE OF DEATH:**  
 (a) County Greene  
 (b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Baptist Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 hours  
(Specify whether years, months or days)  
 In this community Same as above

3. (a) PRINT FULL NAME GROVER CLARENCE SISSEL  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

4. Sex Male 5. Color or race white  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife None  
 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased: October 6 1931  
(Month) (Day) (Year)

8. AGE: Years 17 Months 0 Days 20  
 If less than one day hr. min.

9. Birthplace Nixa Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Student

MOTHER FATHER  
 11. Industry or business  
 12. Name Clarence E Sissel  
 13. Birthplace Stone County, Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Faye Fitzpatrick  
 15. Birthplace Christian County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Faye Sissel (Mother)  
 (b) Address Nixa, Missouri, Route #1  
 17. (a) Burial (b) Date thereof 10-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Payne Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
 (b) Address Springfield, Missouri

19. (a) 10-28-47 (b) W. E. Hensley  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Christian  
 (c) City or town Rural - Nixa  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Nixa, Missouri Route #1  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 26  
 year 1948 hour 4 minute 15 P.M.  
 21. I hereby certify that I attended the deceased from October 26, 1948, to October 26, 1948;  
 that I last saw him alive on October 26, 1948;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Wound, penetrating bullet, intracranial center of forehead  
 Due to Bullet wound  
 Duration 4 hrs

Due to \_\_\_\_\_  
 Other conditions No  
(Include pregnancy within 3 months of death)

Major findings: Small wound forehead with penetration of brain  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) suicide  
 (b) Date of occurrence October 26, 1948  
 (c) Where did injury occur? R.R. #1 Nixa Christian Mo  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm

While at work? No (Specify type of place)  
 (e) Means of injury Bullet wound

23. Signature L. Wendell Stewart (M. D. or other) M.D.  
 Address 203 Parkway Springfield, Mo Date signed 10/28/48

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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 Lee Mason

Licensed Embalmer No. 4568

P. O. Address. Springfield, 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.**