

No. 300
10. 48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4214

State File No.

FILED MAR 1 1949.

BIRTH NO. 49-006376 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MO</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Partayville Mo.</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>72</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Billy</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Bissel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 15 - 1949</u>		
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Feb 10 - 1949</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>1</u> Hours <u>5</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Cape Gir MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	

13a. FATHER'S NAME <u>Earl R Bissel</u>	13b. MOTHER'S MAIDEN NAME <u>Vernie J Fowler</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earl R Bissel</u> ADDRESS <u>Partayville Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra-Cranial Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>7600</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prematurity</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 10 Feb., 1949, to 15 Feb., 1949, that I last saw the deceased alive on 15 Feb., 1949, and that death occurred at 3:55 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J A Kinder</u> (Degree or title) <u>MDU</u>	23b. ADDRESS <u>Cape Girardeau MO.</u>	23c. DATE SIGNED <u>19 Feb. 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 16 - 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairmount</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Gir MO</u>
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DATE REC'D BY LOCAL REG. <u>Feb 21 - 1949</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Joe M. Howell</u> ADDRESS <u>Cape Gir MO</u>
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RECEIVED

Health Officer No. 4

Number 249-28

2-28-40

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 _____

Student Embalmer No. _____

working under my personal supervision.

W. H. Estes

Signed W. H. - Estes

Signed _____
Student Embalmer

Licensed Embalmer No. 3578

P. O. Address Opp. Fire Hse

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.