

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 1427 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Waynesville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>	
c. LENGTH OF STAY (In this place) <b>11 hrs</b>		d. STREET ADDRESS (If rural, give location) <b>503 East 10th</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Waynesville General Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Eula</b> b. (Middle) _____ c. (Last) <b>Hissom</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-20-49</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Jan. 24, 1927</b>		9. AGE (In years last birthday) <b>22</b>		10. IF UNDER 1 YEAR Months <b>23</b> IF UNDER 1 MIN. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Crocker, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Wm. A. Roberson</b>		13b. MOTHER'S MAIDEN NAME <b>Amie Tomlinson</b>		14. NAME OF HUSBAND OR WIFE <b>Robert Hissom</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Robert Hissom, Rolla, Mo.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture of skull</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 hrs.</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) _____	
		DUE TO (c) _____			6' 32"	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

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) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Rolla Phelps Mo.</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>2 19 49 11:30</b>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Auto accident</b>	
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22- I hereby certify that I attended the deceased from **2-19-49**, 19 **A.**, to **2-20-49**, 19 **A.**, that I last saw the deceased alive on **2-20-49**, 19 **A.**, and that death occurred at **11:30 m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <b>Rolla Mo.</b>		23c. DATE SIGNED <b>2-26-49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>2-20-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crocker cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Rolla Mo.</b>	

DATE REC'D BY LOCAL REG. <b>Feb. 28, 1949</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		589	
		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul Hoops</b>		ADDRESS <b>Waynesville, Mo.</b>	

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

**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.

Student .....  
Student Embalmer

Signed Paul B. Hoops

Licensed Embalmer No. 3261

P. O. Address Waynesville N.C.

**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.