

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33528**

BIRTH NO. _____		REG. DIST. NO. <u>220</u>		PRIMARY REG. DIST. NO. <u>5449</u>		Registrar's No. <u>52</u>	
1. PLACE OF DEATH a. COUNTY <u>Gentry County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>North</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>King City North 3 miles</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>East of Grant City Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Traveling on Way Home</u>				d. STREET ADDRESS (If rural, give location) <u>3 miles East</u>			
3. NAME OF DECEASED (Type or Print) <u>Charles Merle Sisk</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 11 1949</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb 9 - 1896</u>	
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Grant City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmed</u>		13a. FATHER'S NAME <u>James Albert Sisk</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Caroline Pass</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Veiga Inez Sisk</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	
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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wendell Sisk</u>		17. ADDRESS <u>Grant City Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accident on Car wreck</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Broken neck.</u> DUE TO (c) <u>8-161</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>26</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On highway 169</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Gentry Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 11 1949 7:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car accident on highway</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles N. Williamson D.D.</u>				23b. ADDRESS <u>Gentry Mo</u>		23c. DATE SIGNED <u>10-14-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 14 - 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grant City Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 21 - 49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edna Ghilde</u>		FUNDING DIRECTOR'S SIGNATURE <u>Arch C. Dunfee</u>		ADDRESS <u>Grant City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed.....

Arch C. Dunfee

Signed.....
Student Embalmer

Licensed Embalmer No. 3252

P. O. Address. Grant City 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.