

FILED OCT 27 1949

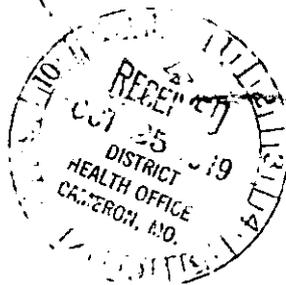
STANDARD CERTIFICATE OF DEATH

State File No. 33529

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 449 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <i>Deer Creek County</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>North</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>North 3 mile north</i>		c. LENGTH OF ST. (If this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>3 miles East of Grant City</i>		d. STREET ADDRESS (If rural, give location) <i>ma - Rural 1-</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>of King City Mo</i>					
3. NAME OF DECEASED (Type or Print) <i>Gabe Dixie - Sisk</i>			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH <i>Oct 11 1949</i>	(Month)	(Day)	(Year)		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Aug 3 - 1920</i>	9. AGE (In years last birthday) <i>29</i>	IF UNDER 1 YEAR Months <i>2</i> Days <i>8</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (State or foreign country) <i>Egypt, Mississippi</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>Charles Earl Sisk</i>		13b. MOTHER'S MAIDEN NAME <i>Verge Jones</i>		14. NAME OF HUSBAND OR WIFE <i>Martha Elmore Sisk</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Martha Elmore Sisk</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Accident in car wreck.</i>	ANTECEDENT CAUSES DUE TO (b) <i>Broken neck.</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)				268166
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.				26
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident.</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>On highway 169</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Deer Creek, Mo</i>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Oct 11 1949 7:30 p.m.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Car accident 5 mi. N.</i>			
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) <i>Charles N. Williamson D.D.</i>			23b. ADDRESS <i>Deer Creek Mo</i>		23c. DATE SIGNED <i>10-14-49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Oct 14-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Grant City Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Grant City Mo</i>		
DATE RECD BY LOCAL REG. <i>Oct 21-49</i>	REGISTRAR'S SIGNATURE <i>Mrs Edith Schulten</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>John Anderson Grant City Mo</i>		

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 \_\_\_\_\_

*John Andrews*

Licensed Embalmer No. 4241

P. O. Address Grant City Mo

Signed \_\_\_\_\_  
Student Embalmer

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.