

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 27 1949

State File No. 33530

BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 5449		Registrar's No. 50	
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 OR TOWN <u>Rural 3 miles north of Gentry City</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Rural 3 miles East</u>		d. STREET ADDRESS (If rural, give location) <u>of Grant City Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Verga</u> b. (Middle) <u>Inc.</u> c. (Last) <u>Sisk</u>				4. DATE OF DEATH (Month) <u>Oct</u> (Day) <u>11</u> (Year) <u>1949</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>April 4 - 1900</u>	
9. AGE (In years last birthday) <u>49</u>		10. MONTHS <u>6</u>		11. DAYS <u>7</u>		12. IF UNDER 1 RES. Hours <u>1</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Allendale Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Andrew Duncan Ewing</u>		13b. MOTHER'S MAIDEN NAME <u>Cordele Adams</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Merle Sisk</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wendell Sisk</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accident in Car Wreck.</u> ANTECEDENT CAUSES Morbidity 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) _____ 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 ☐ NO ☒				INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2</u> <u>26</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, hotel, 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 PM</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>Car Accident - 0001121</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 A. 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 - 49</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 - 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edith Childs</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>John Anderson</u> ADDRESS <u>Grant City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 28 1949



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.....
Student Embalmer

Signed

John Andrews

Licensed Embalmer No. 4211

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.