

FILED OCT 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 33121

BIRTH NO. 62184-90 REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malden</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malden, Cotton Hill 0351</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>603 East Cypress</b>		d. STREET ADDRESS (If rural, give location) <b>603 East Cypress</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b>		b. (Middle) <b>David</b>		c. (Last) <b>Sissom</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 14, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Oct. 14, 1950</b>	9. AGE (In years last birthday) <b>0</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 24 HRS. Hours Min. <b>14 45</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>(child)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>(child)</b>		11. BIRTHPLACE (State or foreign country) <b>Malden, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>David Sissom</b>		13b. MOTHER'S MAIDEN NAME <b>Dorothy Lee Bonds</b>		14. NAME OF HUSBAND OR WIFE <b>(child)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR ADDRESS <b>Annie Bonds Malden, Missouri</b>	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prolapse of Cord</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Birth</b>
	2. ANTECEDENT CAUSES DUE TO (b) <b>Cerebral Hemorrhage-Traumatic</b>		<b>Birth</b>
	3. DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <b>7600</b>			

19a. DATE OF OPERATION <b>No</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Delivery</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Birth</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>extract After coming head difficult to ext.</b>	

22. I hereby certify that I attended the deceased from Birth, 1950, to Oct. 14, 1950, that I last saw the deceased alive on Oct. 14, 1950, and that death occurred at 11:15 m., from the causes and on the date stated above.

23a. SIGNATURE <b>Charles S. Williams MD</b> (Degree or title)		23b. ADDRESS <b>Malden, Missouri</b>		23c. DATE SIGNED <b>Oct. 15, 50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 15, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Park Memorial</b>		24d. LOCATION (City, town, or county) (State) <b>North Malden, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>Oct 20, 1950</b>		REGISTRAR'S SIGNATURE <b>J. J. Schumann</b> 87		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wallace R. Knight</b>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 10-23-50

COUNTY FILE NUMBER 1050-288

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>NOT</sup> embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed Wallace R Knight

Licensed Embalmer No. 4514

P. O. Address Malden Ms

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.