

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11124

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5694 Registrar's No. 207

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY OR TOWN <u>Rural Chillicothe Twp</u> c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY OR TOWN <u>Chillicothe</u> <u>05920</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to Hospital - Gas. 65</u>		d. STREET ADDRESS (If rural, give location) <u>209 Third</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>B</u>	c. (Last) <u>Lisenby</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 17, 1913</u>	9. AGE (In years last birthday) <u>37</u>	10. MONTHS <u>0</u>	11. DAYS <u>0</u>	12. HOURS <u>0</u>	13. MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinery Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (State or foreign country) <u>Meadville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>James M. Lisenby</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Young</u>	14. NAME OF HUSBAND OR WIFE <u>Dorothy Lorraine Shipp</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>498-05-8121</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W^m B. Lisenby</u>	ADDRESS <u>Chillicothe Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Killed by road maintenance</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6912</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>turning over punny beam</u> DUE TO (c) <u>underneath. Left chest was crushed</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>both legs fractured in hip joints</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Need. before reaching hospital</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at construction S of town</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Livingston Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 27 1950 4:00</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>hit falling Road Maintenance</u> <u>59</u>
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22. I hereby certify that I attended the deceased from Kennel, 1950, that I last saw the deceased alive on 12-29-50, and that death occurred at 4:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. H. Russell M.D. Coroner</u>	23b. ADDRESS <u>Chillicothe Mo</u>	23c. DATE SIGNED <u>Dec 29-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-29-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling</u>	24d. LOCATION (City, town, or county) (State) <u>Wheeling, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec 29/50</u>	REGISTRAR'S SIGNATURE <u>Francis B Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home</u>	ADDRESS <u>Chillicothe, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

590
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JAN 23 1954

MAR 21 1954

OCT 25 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Elton Norman

Signed.....
Student Embalmer

Licensed Embalmer No. 4036

P. O. Address Chellieothe, 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.