

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5659

BIRTH NO. 9181-51 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Waynesville</u>		c. CITY (If outside corporate limits write RURAL and give township) <u>Newburg</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Dewitt</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHERRIE</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>SISCO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 8 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>11</u>	8. DATE OF BIRTH <u>Feb 3-1951</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>5</u> Days <u>5</u> IF UNDER 2 Wks: Hours <u>5</u> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Waynesville Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Harrison Sisco</u>		13b. MOTHER'S MAIDEN NAME <u>Rosemary Willis</u>		14. NAME OF HUSBAND OR WIFE	
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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>NOV</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harrison Sisco</u>		ADDRESS <u>Newburg 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cereb. hematoma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 or 8 days</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pressure in uterus</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>7600</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Feb 3, 1951, to Feb 8, 1951, that I last saw the deceased alive on Feb 7, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard C. Myers D.O.</u>		23b. ADDRESS <u>Newburg Mo.</u>		23c. DATE SIGNED <u>Feb 10, 1951</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb 9-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newburg</u>		24d. LOCATION (City, town, or county) (State) <u>Newburg Mo</u>	
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DATE RECD BY LOCAL REG. <u>2-21-51</u>		REGISTRAR'S SIGNATURE <u>Hebra C. Buckner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leahman</u>		ADDRESS <u>Newburg Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0850

FILED MAR 5 1951

Date Filed 7-28-51
File Number

Pulaski County Health Officer

RECEIVED 7-28-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by

working under my personal supervision.

Student Embalmer No.

Signed Lo Johnson

Signed.....
Student Embalmer

Licensed Embalmer No. 3392

P. O. Address Newburg 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.