

FILED JUN 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15762

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 214

0124

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

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>	
c. LENGTH OF STAY (in this place) <b>4 days</b>		d. STREET ADDRESS (If rural, give location) <b>0124</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>Albert</b> c. (Last) <b>Sisson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-30-51</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Mar. Divorced</b>	
8. DATE OF BIRTH <b>Sept. 4, 1869</b>		9. AGE (In years last birthday) <b>81</b>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Indiana</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>George Sisson</b>		13b. MOTHER'S MAIDEN NAME <b>Serepta</b>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED SERVICE? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Laura Chapman Poplar Bluff</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <b>Intestinal Obstruction</b> <b>3 days</b>
		DUE TO (c) <b>Intestinal Bleed</b>			?
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	
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?	
				<b>5705</b>	

22. I hereby certify that I attended the deceased from **4-27**, 19**51**, to **4-30**, 19**51**, that I last saw the deceased alive on **4-30**, 19**51**, and that death occurred at **9:20 A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frank E. Innell M.D.</b>		23b. ADDRESS		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-2-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Black Creek Cem. Near Poplar Bluff, Mo.</b>	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. <b>May 21-1951</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Lloyd Russell</b> ADDRESS <b>Piggott Ark</b>	
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RECEIVED

MAY 29 1951

BUTLER CO. HEALTH CENTER

FILE No. 551-242

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.

Student .....  
Student Embalmer

Signed..... *Cleopatra Johnson*

Licensed Embalmer No. *636*

P. O. Address *Piquette, Ark.*

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.