S. No. 300
. 10.48

FILED AUG 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27836

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 142

1. PLACE OF DEATH
a. COUNTY PHELPS 0812
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ROLLA
c. LENGTH OF STAY (In this place) 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) PHELPS Co. MEMORIAL HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY CRAWFORD
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) STEELVILLE 0280
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) RUSSELL
c. (Last) Sites

4. DATE OF DEATH (Month) (Day) (Year) AUG. 23-1951

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH OCT. 8-1884
9. AGE (In years last birthday) 66 — If under 1 year: Months ___ Days 10 — If under 1 hr.: Hours 8 Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JANITOR
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) CRAWFORD Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JAMES SITES
13b. MOTHER'S MAIDEN NAME EUNICE STANFORD
14. NAME OF HUSBAND OR WIFE MARY SITES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 487-20-8513
17. INFORMANT'S SIGNATURE OR NAME MRS MARY SITES — **ADDRESS** STEELVILLE, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
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 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 22, 1951, *to* Aug 23, 1951, *that I last saw the deceased alive on* Aug 22, 1951, *and that death occurred at* 5:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE F. A. Elders, Md (Degree or title)
23b. ADDRESS Cuba, Mo.
23c. DATE SIGNED 8-23-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 8-25-51
24c. NAME OF CEMETERY OR CREMATORY STEELVILLE CEM.
24d. LOCATION (City, town, or county) (State) STEELVILLE, Mo.

DATE REC'D BY LOCAL REG. Aug 23, 1951
REGISTRAR'S SIGNATURE Nadine L. Stoll
25. FUNERAL DIRECTOR'S SIGNATURE Thomas L. Hackert — **ADDRESS** STEELVILLE, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 12 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 Thomas S. Herbert

Signed _____
Student Embalmer

Licensed Embalmer No. 4332

P. O. Address Steelville, 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.