

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7913

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. \_\_\_\_\_

357

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ark.</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Noland</u>	
c. LENGTH OF STAY (In this place) <u>2 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Evelyn</u>	b. (Middle)	c. (Last) <u>Bisson</u>	(Month)	(Day)	(Year) <u>2 25 52</u>

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1912 10</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 28 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife &amp; teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Manson, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>J. H. Holmes</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Barnum</u>	14. NAME OF HUSBAND OR WIFE <u>B. F. Bisson</u>
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>B. F. Bisson</u>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u>  <u>unertain</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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 <u>4201</u>	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 January 10, 1952, to February 5, 1952, that I last saw the deceased alive on February 25, 1952, and that death occurred at 7:50 A. M., from the causes and on the date stated above.

22a. SIGNATURE <u>Ellen H. Christman</u> (Degree or title)	22b. ADDRESS <u>Box 426 Kennett Mo</u>	22c. DATE SIGNED <u>2-29-52</u>
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22a. BURIAL FROM (Name of cemetery or crematory) <u>Funeral Home</u>	22b. DATE <u>2-27-52</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Cheser</u>	22d. LOCATION (City, town, or county) (State) <u>Noland, Ark.</u>
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DATE REC'D BY LOCAL REG. <u>3-15 52</u>	REGISTRAR'S SIGNATURE <u>Mrs. N. S. McNeill</u>	23. FUNERAL DIRECTOR'S SIGNATURE <u>H. B. McNeill</u>	ADDRESS
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Handwritten notes in the top right corner, including the name "Kenneth" and the date "1/15/20".

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 \_\_\_\_\_

Handwritten initials "A." in the signature line.

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed A. G. McNabb

Licensed Embalmer No. 610

P. O. Address Pocahontas, 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.