

No. 307 FILED APR 21 1952
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13978
Registrar's No. 124

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri	
b. CITY OR TOWN St. Francois Twp Farmington Rural		b. COUNTY St. Francois	
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN rural Liberty 0940	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sprott nursing home		d. STREET ADDRESS Womack Star Route	

3. NAME OF DECEASED (Type or Print) Thomas J. Hissim	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH April 11 1952
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 29 1876	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days 12	IF UNDER 1 YEAR Hours 	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	10b. KIND OF BUSINESS OR INDUSTRY farmer	11. BIRTHPLACE (State or foreign country) Kalamazoo Michigan	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Hissim	13b. MOTHER'S MAIDEN NAME Lida Adams	14. NAME OF HUSBAND OR WIFE Minnie Hissim
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Minnie Hissim Womack star rt.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal Ca. intestinal type unknown		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 153x
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Jan 2, 1952, to April 11, 1952, that I last saw the deceased alive on April 9, 1952, and that death occurred at 2a m., from the causes and on the date stated above.

23a. SIGNATURE St. Lazare ml.	(Degree or title)	23b. ADDRESS Farmington ml.	23c. DATE SIGNED 4-11-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE April 12 1952	24c. NAME OF CEMETERY OR CREMATORY SILVER POINT	24d. LOCATION (City, town, or county) (State) WOMACK MO
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DATE REC'D BY LOCAL REG. Apr. 12, 1952	REGISTRAR'S SIGNATURE Ethel Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE C. H. COZEAN	ADDRESS FARMINGTON MO
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(Licensed Embalmers' Statement on Reverse Side)

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

940
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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 _____

Licensed Embalmer No. 4084

P. O. Address Farmington, N.H.

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.