

FILED JUL 29 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23933**

BIRTH NO. _____		REG. DIST. NO. <u>21</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>94</u>	
1. PLACE OF DEATH a. COUNTY <b>CLAY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CLAY</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>EXCELSIOR SPRINGS</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>EXCELSIOR SPRINGS</b>		d. STREET ADDRESS (If rural, give location) <b>319 WEST EXCELSIOR ST.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>EXCELSIOR HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>319 WEST EXCELSIOR ST.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELMER</b> b. (Middle) <b>S</b> c. (Last) <b>SISK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 28/52</b>				
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>SEPT. 16, 1871</b>	
9. AGE (In years last birthday) <b>80</b>		10. MONTH <b>9</b>		11. DAY <b>12</b>		IF UNDER 1 YEAR Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>L</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>RAY COUNTY, MO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>BARTLETT SISK</b>				
13b. MOTHER'S MAIDEN NAME <b>RENA GRACE</b>			14. NAME OF HUSBAND OR WIFE <b>MOLLIE HICKEY SISK</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>not known</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Mollie Sisk</b> ADDRESS <b>319 West Excelsior</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b> ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis</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 <b>332X</b>					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?			
22. I hereby certify that I attended the deceased from <u>6 June, 1952</u> to <u>28 June, 1952</u> that I last saw the deceased alive on <u>28 June, 1952</u> and that death occurred at <u>10:45 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <b>George E. Anderson M.D.</b> (Degree or title)				23b. ADDRESS <b>Excelsior Springs, Mo.</b>		23c. DATE SIGNED <b>6-30-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 30, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Garden</b>		24d. LOCATION (City, town, or county) (State) <b>Ray County, MO</b>	
DATE REC'D BY LOCAL REG. <b>7/3/52</b>		REGISTRAR'S SIGNATURE <b>Caroline Huthings</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hope Funeral Home, Excelsior Springs, Mo.</b> ADDRESS			

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

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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

*Lucille J. Lee*

Licensed Embalmer No. 4864

P. O. Address Excelsior Springs, 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.