

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 7 1953

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 4056 Registrar's No. 32

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>MISSOURI</b> b. COUNTY <b>BUTLER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FISK</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FISK 1120</b>	
c. LENGTH OF STAY (In this place) <b>3 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>IN FISK</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>IN FISK</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JULIA</b> b. (Middle) <b>ELLEN</b> c. (Last) <b>SISCO</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 28 1953</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>AUG. 7, 1874</b>	9. AGE (In years last birthday) <b>78</b>	10. IF UNDER 1 YEAR: Months <b>3</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>JACK CRAFTFORD</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>	
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 ADDRESS <b>Edith Sisco Fisk, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 da</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL Thrombosis</b>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
		DUE TO (c) <b>332X</b>			
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 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 Oct 1952, to 1-28, 1953, that I last saw the deceased alive on 1-26, 1953 and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>H. Shillings</b> (Degree or title) <b>DO.</b>		23b. ADDRESS <b>Purico Mo.</b>		23c. DATE SIGNED <b>1-28-53</b>	
---	--	--------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2-1-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ASH HILL</b>		24d. LOCATION (City, town, or county) (State) <b>BUTLER MO.</b>	
---	--	-------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <b>Jan 31-1953</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. C. White Fisk, Mo</b>	
---	--	---	--	--	--

RECEIVED  
FEB 4 1953  
BUTLER CO. HEALTH CENTER  
FILE No. 25358

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 Philip J. Casserly .....

Licensed Embalmer No. 4618 .....

P. O. Address Poplar Bluff, 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.