

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23844**

0.300
0.48

FILED AUG 4 - 1953

5065
REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 22

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

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Rural- Ozark Twsp.)		c. CITY (If outside corporate limits, write RURAL and give township) 0060 OR TOWN Liberal	
c. LENGTH OF STAY (in this place) 0		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION #1 Liberal			

3. NAME OF DECEASED (Type or Print) a. (First) BILLY		b. (Middle) JOE		c. (Last) DeLISSA		4. DATE OF DEATH (Month) (Day) (Year) July 29 1953	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Sept 5 1944		9. AGE (In years) (Month) (Days) (Hours) (Min.) 8 10 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY 4th grade school		11. BIRTHPLACE (State or foreign country) Liberal, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME William F. DeLissa		13b. MOTHER'S MAIDEN NAME Mary A. Aidnik		14. NAME OF HUSBAND OR WIFE XXXX	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. XXX		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary A. DeLissa, Liberal, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowned in Pool/Strip Lit		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		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.		9292	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 42	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rural 1/2 mi. south of Liberal.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 006 Barton, Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 29 1953 4pm	21e. INJURY OCCURRED WHILE AT WORK? (Specify) WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 6-8 feet deep Playing on raft and fell off into water

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 4:00p m., from the causes and on the date stated above.

23a. SIGNATURE Clarence Chil	(Degree or title) 3	23b. ADDRESS Lamar	23c. DATE SIGNED July 31 53
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE August 1 1953	24c. NAME OF CEMETERY OR CREMATORY Barton City Cemetery	24d. LOCATION (City, town, or county) (State) Barton County, Missouri

DATE REC'D BY LOCAL REG. July Aug 1, 1953	REGISTRAR'S SIGNATURE Charlotte McDaniel	25. FUNERAL DIRECTOR'S SIGNATURE Konantz Funeral Home, Lamar, Missouri	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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.....

Carl J. Kenanthy

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.