

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

Dr. H. S. Sisson  
 State File No. **35602**  
**974**

FILED OCT 26 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>420 E. ELM ST.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>PROF. BLDG., 609 CHERRY ST.</b>			

3. NAME OF DECEASED (Type or Print) <b>EMILY</b>	a. (First)	b. (Middle)	c. (Last) <b>FULBRIGHT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 22, 1953</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>AUG. 24, 1890</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	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) <b>SALES</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>NEFF-PETERSON</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>SPRINGFIELD, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>ARCH 'Capt.' DIGGINS</b>	13b. MOTHER'S MAIDEN NAME <b>DELLA BOSWORTH</b>	14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS DORIS LINES</b>	ADDRESS <b>420 E. ELM ST.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral apoplexy</b>		UNKNOWN
	ANTECEDENT CAUSES DUE TO (b) <b>arteriosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic valvular heart disease</b>		UNKNOWN	

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) <b>Springfield, Greene, Mo.</b>
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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 **Apr 7, 1947**, to **Oct 22, 1953**, that I last saw the deceased alive on **Oct 22, 1953** and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. S. Sisson M.D.</b> (Degree or title)	23b. ADDRESS <b>609 Cherry St.</b>	23c. DATE SIGNED <b>Oct 23, 53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-24-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hazelwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>10-24-53</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman H. Lohmeyer</b>	ADDRESS <b>Springfield</b>
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(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *Lucretia Swadley*.....  
Licensed Embalmer No. *4815*.....  
P. O. Address *Springfield*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.