

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42575**

FILED JAN 4<sup>th</sup> 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1138

1. PLACE OF DEATH  
 a. COUNTY Greene  
 b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Springfield  
 c. LENGTH OF STAY (in this place) 11 years  
 d. FULL NAME OF HOSPITAL OR INSTITUTION 1815 West Calhoun

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri b. COUNTY Greene  
 c. CITY OR TOWN Springfield  
 d. Is Residence within limits of a city or incorporated town? Yes  No   
 e. STREET ADDRESS (If rural, give location) 1815 West Calhoun 0396

3. NAME OF DECEASED  
 a. (First) ANDY b. (Middle) NEWTON c. (Last) KISSEE

4. DATE OF DEATH (Month) (Day) (Year)  
December 25 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH Nov 19, 1880

9. AGE (In years last birthday) 73  
 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
 IF UNDER 14 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY  
General Farming

11. BIRTHPLACE (City and State or Foreign Country)  
Christian County, Missouri

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME  
Unknown

13b. MOTHER'S MAIDEN NAME  
Unknown

14. NAME OF HUSBAND OR WIFE  
 \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no  
 (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.  
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Ivan Kisse, Springfield, Missouri

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Arterio-Sclerotic-Valvular Disease  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 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.

INTERVAL BETWEEN ONSET AND DEATH  
 \_\_\_\_\_

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
 \_\_\_\_\_

20. AUTOPSY?  
 YES  NO

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)  
442x

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?  
 \_\_\_\_\_

22. I hereby certify that I attended the deceased from 9-16, 1954, to 12-25, 1953, that I last saw the deceased alive on 12/20, 1953, and that death occurred at 2:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Ink, legible or initials)  
[Signature]

23b. ADDRESS  
[Address]

23c. DATE SIGNED  
12-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE  
Dec 28, 1953

24c. NAME OF CEMETERY OR CREMATORY  
Sparta Cemetery

24d. LOCATION (City, town, or county) (State)  
Sparta, Missouri

DATE REC'D BY LOCAL REG. 12-31-53 REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Springfield, Mo.

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

JAN 26 1954

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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 *James W. Warr*.....

Licensed Embalmer No. *4650*.....

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