

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 8 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 5076 Registrar's No. 3

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

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Richland Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Richland Twp.</u>	
c. LENGTH OF STAY (in this place) <u>60 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) _____ c. (Last) <u>SITES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19, 1954</u>		
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5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 31, 1872</u>		9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, Ret.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>			11. BIRTHPLACE (State or foreign country) <u>Lapeer, Michigan</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
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13a. FATHER'S NAME <u>John Franklin Sites</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Morgan</u>			14. NAME OF HUSBAND OR WIFE <u>Minnie Sites</u>		
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Sites,</u>		ADDRESS <u>Lamar, Mo.</u>	
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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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prostatic Cancer</u>  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. <u>Cholecystitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Uncertain</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>177x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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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 7 10:38, to Feb. 19, 1954, that I last saw the deceased alive on Feb. 17, 1954, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Darwin Magee, D.O.</u>		23b. ADDRESS <u>Kasper, Mo.</u>		23c. DATE SIGNED <u>2/20/1954</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 22, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>2/22/54</u>		REGISTRAR'S SIGNATURE <u>Hazel St. Pugh</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiles Funeral Home, Lamar, Mo.</u>		ADDRESS	
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APR 9 1938

**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 Clarence H. Child .....

Licensed Embalmer No. 3473 .....

P. O. Address Lama 370 .....

**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.