

FILED JUN 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19972

0820

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5983 Registrar's No. 67

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St Roberts - Culler</u> | | c. CITY (If outside corporate limits, write RURAL and give township): <u>St Roberts</u> <u>650</u> | |
| c. LENGTH OF STAY (In this place) <u>1 Yr</u> | | d. STREET ADDRESS (If rural, give location) <u>Residence City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence City</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Edward</u> c. (Last) <u>Sizemore</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 21 54</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Sept 21, 1877</u> |
| 9. AGE (In years last birthday) <u>77</u> | | 10. MONTHS <u>9</u> | 11. DAYS <u>1</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tent & Mwing</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Textile</u> | 11. BIRTHPLACE (City and State or Foreign Country) / <u>South Carolina</u> |
| 12. CITIZENRY OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Uensken Bowen</u> | 14. NAME OF HUSBAND OR WIFE <u>Lois Hackett</u> |
| 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. - - - - - | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lillian Patterson Waynesville, Mo</u> |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>generalized</u> 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 checked="" 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 <u>June 16, 1954, June 20, 1954</u> , that I last saw the deceased alive on <u>June 20, 1954</u> , and that death occurred at <u>4 P</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>R. E. Mussen, M.D.</u> | | 23b. ADDRESS <u>Waynesville, Missouri</u> | 23c. DATE SIGNED <u>June 22, 54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 23 54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Waynesville, Memorial</u> | 24d. LOCATION (City, town, or county) (State) <u>Waynesville, Missouri</u> |
| DATE REC'D BY LOCAL REG. <u>6-23-54</u> | REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter P. Hedges HEDGES FUNERAL HOMES INC WAYNESVILLE</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-23-54
Pulaski County Health Officer
File Number
Date Filed 6-26-54

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 Gross*

Licensed Embalmer No. 4286

P. O. Address *Waynesville, N.C.*

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.