

FILED JUL 6, 1954

STANDARD CERTIFICATE OF DEATH

21906

State File No.

BIRTH NO. _____ REG. DIST. NO. 365 PRIMARY REG. DIST. NO. 6240 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY OR TOWN <u>Rural Hammon Station</u>		c. CITY OR TOWN <u>Rural Hammon</u>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lehmael</u>		e. STREET ADDRESS (If rural, give location) <u>Lehmael</u> <u>1100</u>	

3. NAME OF DECEASED (Type or Print) <u>Sallie Ann Siskey</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>June 27 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 23 1888</u>	9. AGE (In years last birthday) <u>65</u>	If UNDER 1 YEAR Months <u>8</u> Days <u>4</u>	If UNDER 24 HRS. Hours <u>4</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Iron Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Strickland</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Canada</u>	14. NAME OF HUSBAND OR WIFE <u>Houston Siskey</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)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bucky Pyatt</u>	ADDRESS <u>Deets Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>High blood pressure stroke</u>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

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) <u>stroke</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lehmael Wash. Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on July 16, 1954, and that death occurred at 11-30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. J. Gibson M.D. D.C. Coronator</u>	23b. ADDRESS <u>Potosi, Mo.</u>	23c. DATE SIGNED <u>6-28-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-29-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pump Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Iron Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-29-54</u>	REGISTRAR'S SIGNATURE <u>Alba D. White</u>	336	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Luther Spahr</u>	ADDRESS <u>Potosi Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

RECEIVED

JUL 3 1938

WASH COUNTY HEALTH DEPT

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 *Murphy L. Spurr*

Licensed Embalmer No. 4234

P. O. Address *Flat River, 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.