

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4236 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLDEN</u>		c. LENGTH OF STAY (In this place) <u>75 YRS.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLDEN</u>		d. STREET ADDRESS (If rural, give location) <u>MISSOURI</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EAST HOLDEN</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM FRANCIS</u> b. (Middle) <u>SISK</u> c. (Last) <u>SISK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 16, 1954</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MAY 28, 1870</u>		9. AGE (In years last birthday) <u>84</u>		10. F UNDER 1 YEAR <u>0</u> 11. F UNDER 1 YEAR <u>0</u> 12. F UNDER 1 MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>JOHNSON CO. MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>SAMUEL PERRY SISK</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY ALLISON</u>	
14. NAME OF HUSBAND OR WIFE <u>MRS. PEARL SISK</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. PEARL SISK, HOLDEN, MO</u>		18. CAUSE OF DEATH		19. INTERVAL BETWEEN ONSET AND DEATH	

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>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		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>Gen Arteriosclerosis</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <u>4221</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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</u> , 19 <u>47</u> , to <u>Nov</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov 15</u> , 19 <u>54</u> , and that death occurred at <u>11:15 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Kelly Rawlins M.D.</u>		23b. ADDRESS <u>Holden Mo</u>		23c. DATE SIGNED <u>11/17/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 14, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOLDEN CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>HOLDEN, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E B Cost</u>		ADDRESS <u>Holden, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>11-22-54</u>		REGISTRAR'S SIGNATURE <u>Mrs H V Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E B Cost</u>	
ADDRESS <u>Holden, Mo.</u>					

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

RECEIVED
DEC 1 1954
RECEIVED
JOHNSON 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
Student Embalmer

Signed EB Cast

Licensed Embalmer No. 4059

P. O. Address Holden, 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 this body is not embalmed, fact should be so stated above.