

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. BROWN  
State File No. 4540

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN SPRINGFIELD		c. CITY OR TOWN WEBB CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSP. 0		f. STREET ADDRESS (If rural, give location) 625 N. LIBERTY 0492	

3. NAME OF DECEASED (Type or Print) a. (First) VELMA b. (Middle) V. c. (Last) SISCO			4. DATE OF DEATH (Month) (Day) (Year) MARCH 2 1955	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>NEVER MARRIED</u>	8. DATE OF BIRTH MAY 17 1912	9. AGE (In years last birthday) 42
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GARMENT WORKER		10b. KIND OF BUSINESS OR INDUSTRY MANUFACTURING	11. BIRTHPLACE (City and State or Foreign Country) ALPENA PASS, ARK.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME GEORGE SISCO	13b. MOTHER'S MAIDEN NAME MATTIE J. GRISHAM	14. NAME OF HUSBAND OR WIFE X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME REX SISCO ADDRESS CARTERVILLE, MO.

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		INTERVAL BETWEEN ONSET AND DEATH  About 7 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Melanoma (?) 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 checked="" 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)	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 Jan 28 1955, to March 1 1955, that I last saw the deceased alive on March 1 1955, and that death occurred at 3:20 AM, from the causes and on the date stated above.

23a. SIGNATURE Alex Brown M D	23b. ADDRESS 606 Medical Arts Bldg.	23c. DATE SIGNED March 2 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3-3-55	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Webb City, Mo.		

DATE REC'D BY LOCAL REG. 3-3-55	REGISTRAR'S SIGNATURE [Signature]	25. JUDGE OR CLERK'S SIGNATURE [Signature] ADDRESS SPRINGFIELD, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 10 1958

**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 *Matt E. Hamel*

Licensed Embalmer No. 3808

P. O. Address SPRINGFIELD.

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.