

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11272

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY CARROLL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CALDWELL 0130	
b. CITY (If outside corporate limits, write RURAL and give township) CARROLLTON 0		c. CITY OR TOWN BRAYMER	
c. LENGTH OF STAY (In this place) 1 WEEK		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION WETZEL HOSPITAL		e. STREET ADDRESS (If rural, give location) CITY LIMITS	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) ALICE	b. (Middle) ANGELIA		c. (Last) HISKE TT	4 OF DEATH 4/22/1955	(Month) (Day) (Year)
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2/11/1918		9. AGE (In years last birthday) 37
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (City and State or Foreign Country) KINGSTON, MO. U		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME GEORGE CARTER		13b. MOTHER'S MAIDEN NAME ROSE ABBOTT		14. NAME OF HUSBAND OR WIFE JOHN HISKE TT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO NONE		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. VIRGINIA RICE, BRAYMER, MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Purpura Septimica following		2 weeks.	
ANTECEDENT CAUSES		DUE TO (b) a self-induced abortion			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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"/>	
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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)	
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 4-17-55 to 4-22, 1955, that I last saw the deceased alive on 4-22, 1955, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <i>Wm. C. Rice</i>		23b. ADDRESS <i>Carrollton</i>		23c. DATE SIGNED 4-23-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/25/1955		24c. NAME OF CEMETERY OR CREMATORY EVERGREEN CEMETERY	
				24d. LOCATION (City, town, or county) (State) BRAYMER, MO.	

DATE REC'D BY LOCAL REG. 4/25/55		REGISTRAR'S SIGNATURE <i>Masterherb Calvert</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MICHAEL FUNERAL HOME, BRAYMER, MO. 770	
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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Ben W. Gib*.....

Licensed Embalmer No. *2*

P. O. Address *Arrest*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.