

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **19592**

FILED JUN 28 1955

273

5916

Registrar's No. **58**

BIRTH NO. _____		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 5916		Registrar's No. 58	
1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cinque Hommes Twp.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Perryville		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 Perryville, R.2.				e. STREET ADDRESS (If rural, give location) R.F.D.2			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Joseph		c. (Last) Cissell		4. DATE OF DEATH (Month) (Day) (Year) June 24, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH; July 27, 1883	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 2 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and State or Foreign Country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME August Cissell			13b. MOTHER'S MAIDEN NAME Anne Neitcher			14. NAME OF HUSBAND OR WIFE Rosa F. Huber Cissell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glennon Cissell, Perryville, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Involved				INTERVAL BETWEEN ONSET AND DEATH 7 months			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
				10 yrs.			
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				7 months			
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)		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 Nov 26, 1954 , to June 24, 1955 , that I last saw the deceased alive on June 23, 1955 , and that death occurred at 10:00A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. M. Midman		23b. ADDRESS 250 Perryville Mo				23c. DATE SIGNED 6-25-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 27, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Perryville, Mo.	
DATE REC'D BY LOCAL REG. 6-25-55		REGISTRAR'S SIGNATURE Joseph J. Geller		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert Bey, Perryville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

9981 0 1 1007

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, ~~_____~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 38

P. O. Address Perryville

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