

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3682

State File No.

58

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>	c. LENGTH OF STAY (in this place) <u>5 Yrs.</u>	c. CITY OR TOWN <u>Kirksville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>816 E. Jefferson St.</u>		STREET ADDRESS (If rural, give location) <u>816 E. Jefferson St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u> b. (Middle) <u>MAY</u> c. (Last) <u>SISSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED DIVORCED <input checked="" type="checkbox"/> (Specify)	8. DATE OF BIRTH <u>Dec. 20 1893</u>		9. AGE (In years) (Last birthday) (Months) (Days) (Hours) (Min.) <u>62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Jewelry Stores</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Adair Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>Andrew P. Goldsberry</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Ponclet</u>	14. NAME OF HUSBAND OR WIFE <u>Daniel Sisson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY (If yes, give no. or date of service) <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Max D. Sisson Quincy, Ill.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma</u> ANTECEDENT CAUSES <u>Carcinoma of uterus</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(Unknown)ed</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several mos. 1 yr or more.</u> <u>Few yrs.</u>
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19a. DATE OF OPERATION <u>Oct 1955</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of uterus with metastasis.</u>		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)	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 Oct 15, 1955, to Feb 27, 1956, that I last saw the deceased alive on Jan 4, 1956, and that death occurred at 5:40 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John R. Roderick</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>104 1/2 N Franklin KIRKSVILLE, Mo.</u>	23c. DATE SIGNED <u>2/28/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 29 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u>	24d. LOCATION (City, town, or county) (State) <u>Kirksville, Adair, Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-28-56</u>	REGISTRAR'S SIGNATURE <u>Walter Lambert</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Foster Kirksville, Mo.</u>	

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

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 *Novel C. Foster*

Licensed Embalmer No. *4742*

P. O. Address *Kirksville,*

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.