

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24632
STATE FILE NUMBER

FILED JUL 23 1956

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Pike			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Louisiana		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mineral Springs Hospital		Length of stay in 7b 2 days	d. STREET ADDRESS (If outside, give location) 517 North 4th		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First VERA Middle P Last JONES			4. DATE OF DEATH Month JULY Day 12 Year 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 3, 1884	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Sales Lady		10b. KIND OF BUSINESS OR INDUSTRY Famous-Barr Co.	11. BIRTHPLACE (City and state or country) Pike Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME William T. Sisson			14. MOTHER'S MAIDEN NAME Edna Fritchett		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 488-01-2162A	17. INFORMANT Address Mr. J. W. Jones, Louisiana, Missouri		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 50 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Ruptured Intestines (Small)					50 hrs
DUE TO (c) accidental Fall					50 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) AB DOMINAL Adhesions & Partial Bowel Obstruction					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) FALL FROM STOOL ONTO EXPOSED intestine Peroneal			
20c. TIME OF INJURY Hour 7:00 Month July Day 10-56		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) HOME BATH ROOM			
20e. CITY, TOWN, OR LOCATION LOUISIANA		20f. COUNTY PIKE		20g. STATE MO	
21. I attended the deceased from FEB. 2-56 to JULY 12-56 and last saw her alive on July 12-56 Death occurred at 9:35 A M on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) David L. Bilgen, D.O.			22b. ADDRESS LOUISIANA, MO. 220 N 5th St.		22c. DATE SIGNED JULY 13-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/13/56	23c. NAME OF CEMETERY OR CREMATORY Frankford Cemetery		23d. LOCATION (City, town, or county) (State) Pike Co., Missouri
24. FUNERAL DIRECTOR Sterne Funeral Home, Louisiana, Mo.		25. DATE RECD. BY LOCAL REG. July 13, 1956		26. REGISTRAR'S SIGNATURE Berniece Collier	

(Licensed Embalmer's Statement on Reverse Side)

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174-3
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
vector, coroner, etc. must use only standard instruments in removal of the body to the funeral home or to the cemetery. Coroner must certify to a death due to natural causes. diseases in Part I must be casually related.

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STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed... *Virginia M. Sterne*

Licensed Embalmer No... 46

P. O. Address *Richmond*

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