

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27599**

FILED AUG 27 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **4310** Registrar's No. **171**

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bevier</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Morrow 0610</b>	
c. LENGTH OF STAY (in this place) <b>2 Hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D. Jacksonville, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Park, Bevier</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Bissox</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 16 1956</b>		
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5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 26, 1893</b>		9. AGE (In years last birthday) <b>62</b>		10. UNDER 1 YEAR <b>0</b> MONTHS <b>0</b> DAYS		11. UNDER 100 HOURS <b>0</b> MIN.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Coal Miner</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <b>Carben Hill Ala</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
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13a. FATHER'S NAME <b>Pete Bissox</b>			13b. MOTHER'S MAIDEN NAME <b>Josephine Morrow</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs. Myrtle Bissox</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>W.W.I. ARMY 489-14-7157</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Myrtle Bissox</b> ADDRESS <b>Jacksonville, Mo.</b>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Inst.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 type="checkbox"/> NO <input checked="" 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) <b>4201</b>	
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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? _____	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Lester Hutton</b> (Degree or title) <b>Coroner</b>			23b. ADDRESS <b>Macon, Mo</b>			23c. DATE SIGNED <b>Aug. 17. 56</b>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 18, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hill Crest Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Macon, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>8/18/56</b>		REGISTRAR'S SIGNATURE <b>W. M. Neely</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Lester Hutton</b> ADDRESS <b>Macon Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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AUG 27 1956

AUG 28 1956

Date Filed 8-28-56

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 .....

Student Embalmer

Signed

*Charles L. Hutton*

Licensed Embalmer No. 4577

P. O. Address *Macon, Mo.*

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 this body is not embalmed, fact should be so stated above.