

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1768**

FILED JAN 25 1957

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 1

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

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| 1. PLACE OF DEATH a. COUNTY Johnson b. CITY OR TOWN Holden (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place) 40 yrs. | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson c. CITY OR TOWN Holden (If outside corporate limits, write RURAL and give township) d. STREET ADDRESS Olive Street. (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Addie b. (Middle) Pearl c. (Last) Sisk | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1957 | |

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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH Oct 11, 1877 | 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Mins. _____ | 11. BIRTHPLACE (City and State or Foreign Country) Gunn City, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | | 13a. FATHER'S NAME James George | | |

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| 13b. MOTHER'S MAIDEN NAME Laura Gray | 14. NAME OF HUSBAND OR WIFE Wm. F. Sisk, deceased. | 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. none | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Zelma Manford, Holden, Mo. ADDRESS | |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gen. Arteriosclerosis</u> | | | |

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| 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) _____ |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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. 1, 1956, to Jan 21, 1957, that I last saw the deceased alive on Jan 21, 1957, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Kelly Paulina M.D. | 23b. ADDRESS Holden Mo | 23c. DATE SIGNED 1/22/57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 1-23-57 | 24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery | 24d. LOCATION (City, town, or county) (State) Holden, Mo. |

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| DATE REC'D BY LOCAL REG. Jan 23, 1957 | REGISTRAR'S SIGNATURE Mrs. H. V. Redford | 25. FUNERAL DIRECTOR'S SIGNATURE E. B. CAST HOLDEN MO ADDRESS |
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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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *E. B. Coak*

Licensed Embalmer No. 4059

P. O. Address Holden, 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.