Health, Welfare Public Service

300
1-57

FILED OCT 4 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33070
STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. 6040 Registrar's No. 2399

1. PLACE OF DEATH a. COUNTY Ripley	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union Township — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Union Township 0910 — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Doniphan, Mo. Rt. #6 — Length of stay in 1b 1mo.	d. STREET ADDRESS (If outside, give location) Doniphan, Rt. #6 — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First Barbara Middle Louise Last Sisco

4. DATE OF DEATH: Month Sept. Day 8, Year 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: July 29, 1956

9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Does not apply

10b. KIND OF BUSINESS OR INDUSTRY: Does not apply

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Charles F. Sisco

13b. MOTHER'S MAIDEN NAME: Anita Waughan

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Charles F. Sisco Address: Doniphan, Mo. Rt 6

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Dead on arrival at hospital - cause of death

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) unknown - from parents story probably

DUE TO (c) pneumonia

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 493x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from not treated or seen until death and last saw her/him alive on

Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank C Johnson M.D.

22b. ADDRESS: Doniphan Mo

22c. DATE SIGNED: 9/12/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9-10-57

23c. NAME OF CEMETERY OR CREMATORY: Union Cemetery

23d. LOCATION (City, town, or county) (State): Ripley County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Edwards Funeral Home Doniphan, Mo.

25. DATE RECD. BY LOCAL REG.: 10-1-57

26. REGISTRAR'S SIGNATURE: E. B. Johnston

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be visited. All diseases in Part I must be causally related.

170

OCT 11 1957

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 Gene H Parrent

Licensed Embalmer No. 4809

P. O. Address Doniphan

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.