t. Health,
& Welfare
S. Public
h Service

S. 300 0
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35452
STATE FILE NUMBER 981

FILED OCT 21 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 981

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) SPRINGFIELD — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) BURGE HOSPITAL — Length of stay in 1b: 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY GREENE
c. CITY OR TOWN SPRINGFIELD — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1921 W. Walnut — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First CHERYL Middle ANN Last KISSEE
4. DATE OF DEATH Month Oct. Day 11 Year 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Oct.10,1957
9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months — Days 1 — IF UNDER 24 HRS.: Hours — Min. 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Springfield, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Roy C. Kissee
13b. MOTHER'S MAIDEN NAME Ramona Johnson
14. NAME OF HUSBAND OR WIFE - - - - -
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 Address Roy C. Kissee, 1921 W. Walnut

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Prematurity
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congenital Atelectasis 7625
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 10-10-57, to 10-11-57 and last saw her/him alive on 10-11-57
Death occurred at 9:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul Busiek M.D. (Degree or title) M.D.
Dr. Paul Busiek
22b. ADDRESS 609 Cherry St., Springfield, Missouri
22c. DATE SIGNED 10-11-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-12-57
23c. NAME OF CEMETERY OR CREMATORY Wade Chapel Cemetery
23d. LOCATION (City or Township) Greene County (State) NW of Republic, Missouri

24. FUNERAL DIRECTOR AYRE-GOODWIN, Inc. ADDRESS Springfield
25. DATE RECD. BY LOCAL REG. 10-15-57
26. REGISTRAR'S SIGNATURE Frank Williamson

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Lucien T. Shadley

Licensed Embalmer No. 4815

P. O. Address Springfield

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.