

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002093
State File No.

FILED FEB 13 1959

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

BIRTH NO. _____		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Maues</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Maues</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vicksburg</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Vicksburg</u> <u>0639</u>		d. Is Residence within limits of a city or incorporated town? Yes <u>B</u> No <u>A</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jefferson Imp.</u>				e. STREET ADDRESS (If rural, give location) <u>Jefferson Imp.</u>			
3. NAME OF DECEASED (Type or Print) <u>Bessie Lee Issig</u>		b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 2, 1959</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 10 1883</u>	
9. AGE (In years) <u>75</u> (Months) <u>11</u> (Days) <u>23</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Cranford Co Mo</u>	
13a. FATHER'S NAME <u>Ben Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>George Issig</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes No or Unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>George Issig</u> ADDRESS _____			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to death</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>House Burning</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9/60</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Jefferson Imp Maues Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Maues Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 2, 1959 1:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW AND INJURY OCCURRED? <u>Home Burned</u>			
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 <u>11:30 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>McP. Cunningham</u>				23b. ADDRESS <u>Crown Vienna Mo</u>		23c. DATE SIGNED <u>2/3/59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/4/59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Maues Mo</u>	
DATE REC'D BY LOCAL REG. <u>2/3/1959</u>		REGISTRAR'S SIGNATURE <u>A. Maybell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McP. Cunningham</u>		ADDRESS <u>Vienna Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address

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.