

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS NOV 29 1960

-60-042968

ND

Registration District No. 264 Primary Registration District No. _____ Registrar's No. 57

STATE FILE NUMBER

| | | | | | | | |
|--|--|---|---|---|--|--|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY Ozark | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Almartha | | a. STATE Mo. | | b. COUNTY Ozark | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in 1b 1 1/2 years | | c. CITY OR TOWN Almartha | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | | |
| First Eli | | Middle Willis | | Last Sisney | | Month Day Year Nov. 18, 1960 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Mar. 22, 77 | 9. AGE (last birthday) 83 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Agriculture | | 11. BIRTHPLACE (City and state or country) Marion Co., Ark. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME William Sisney | | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Widowed | | |
| 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 Address Alva Sisney, Almartha, Mo. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | | | INTERVAL BETWEEN ONSET AND DEATH Instant |
| IMMEDIATE CAUSE (a) Gun shot wound in right side of head | | | | | | | |
| DUE TO (b) self-inflicted | | | | | | | |
| DUE TO (c) _____ | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 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 _____ to _____ and last saw her/him alive on _____ Death occurred at 11:30 a m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <i>John R. Usrey, Coroner</i> | | | | 22b. ADDRESS <i>Laneville, Mo.</i> | | | 22c. DATE SIGNED 11-22-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Nov. 22, '60 | 23c. NAME OF CEMETERY OR CREMATORY Pontiac Cemetery | | 23d. LOCATION (City, town, or county) (State) Pontiac, Missouri | | | |
| 24. FUNERAL DIRECTOR ADDRESS Roller Funeral Home, Mtn. Home, Ark | | | 25. DATE RECD. BY LOCAL REG. 11-28-60 | 26. REGISTRAR'S SIGNATURE <i>Thana Mahan</i> | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jim F. McClure

Licensed Embalmer No. 5104

P. O. Address Mtn. Home, Ark

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.