

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-61-028132
STATE FILE NUMBER

FILED AUG 15 1961

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 146

V. S. 300
Rev. 1-57

1095

The funeral director is responsible for the proper completion of the entire certificate. This includes securing the medical certification in the specific manner required by 193.140 MoRS 1949. 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
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Vernon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Bourbon		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Fort Scott, 8150-		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Tate Nursing Home		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 1012 S. National Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MARY BERTHA AMELIA CISSNA			4. DATE OF DEATH Month Day Year August 9, 1961		
5. SEX Female	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 11/18/1965		9. AGE (In years last birthday) 95 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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (City and state or country) 2 Germany, Regenwald Pomerania	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Karl Wagahr		13b. MOTHER'S MAIDEN NAME Arnstina Grunwald		14. NAME OF HUSBAND OR WIFE XXXX Charles Judson Cissna (Dec)	
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 Mrs. Howard A. Cress 1012 S. Natl. Ft. Scott,	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident					INTERVAL BETWEEN ONSET AND DEATH 72 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral arteriosclerosis					Unknown
DUE TO (c) 331X					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input 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 Month, Day, Year a.m. p.m.					
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 October 10, 1960 to Aug. 9, 1961 and last saw her alive on August 7, 1961 Death occurred at Nevada, Mo. 5:55 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dr. L. P. McCann M.D.			22b. ADDRESS Moore Building Nevada, Missouri.		22c. DATE SIGNED 8/11/1961
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/12/1961	23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		23d. LOCATION (City, town, or county) (State) Fort Scott (Bourbon) Kansas
24. FUNERAL DIRECTOR CHENEY'S ADDRESS Ft. Scott, Kans.			25. DATE RECD. BY LOCAL REG. 8-12-1961	26. REGISTRAR'S SIGNATURE Arma & Jerry	

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JUL 8 1962

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 Forrest Don Cooper, Student Embalmer No. 637

working under my personal supervision.

Student Forrest D. Cooper
Signature of Student Embalmer

Signed Richard L. Griffin
Richard L. Griffin

Licensed Embalmer No. 5053

P. O. Address 201 S. Main St.
Fort Scott, Kansas

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.