

MISSOURI DEATH – STANDARD CERTIFICATE OF DEATH

-61-041885

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 257 Primary Registration District No. 5883 Registrar's No. 28 STATE FILE NUMBER

FILED NOV 28 1961

1. PLACE OF DEATH a. COUNTY <u>Osage</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Linn</u>		Length of stay in 1b		c. CITY OR TOWN <u>Jefferson City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Linn Manor Rest Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>311 Jackson Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First Middle Last <u>MRS. CHRISTINE MARIE HISKEN</u>				4. DATE OF DEATH Month Day Year <u>November 22, 1961</u>															
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-12-1879</u>		9. AGE (last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days <u>4 10</u>		IF UNDER 24 HR Hours Min. <u> </u>							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>		11. BIRTHPLACE (City and state or country) <u>Loose Creek, Mo.?</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>											
13a. FATHER'S NAME <u>Frederick Ebert</u>				13b. MOTHER'S MAIDEN NAME <u>Sabilia</u>				14. NAME OF HUSBAND OR WIFE <u>John Hisken</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT Address <u>Mrs. David Jobe, 311 Jackson St., J.C., Mo.</u>													
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial failure</u> DUE TO (b) <u>Arteriosclerosis / Hypertensive Heart Disease</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												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)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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. Month, Day, Year p.m. <u> </u>		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 <u>Nov 1, 61</u> to <u>Nov 22, 61</u> and last saw her <u>Nov 21, 1961</u> alive on <u> </u> Death occurred at <u>about 6:45</u> <u>P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE (Degree or title) <u>Thomas W. Sadum DO.</u>						22b. ADDRESS <u>Linn, Mo.</u>						22c. DATE SIGNED <u>11/25/61</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem. & Bur.</u>			23b. DATE <u>Nov. 25, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>										
24. FUNERAL DIRECTOR ADDRESS <u>Buescher Memorial Home, J.C., Mo.</u>					25. DATE RECD. BY LOCAL REG. <u>11-25-61</u>		26. REGISTRAR'S SIGNATURE <u>Miss. Clyde Morton</u>												

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

2061 8 NOV SA

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 Vernon Maston

Licensed Embalmer No. 4125

P. O. Address Linn, Mo

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.