

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010583

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2005 Registrar's No. 513

FILED APR 9 1962

VS 300
Rev. 4/59
10397
20750
3
4 0
5 0
6
7 0
8 2
9330X
10
11
124-0
13

DATE AMENDED
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF
SHOULD READ
ITEM NO.

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY OREGON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 1 day	c. CITY OR TOWN ALTON Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION St John Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CARL Middle DEAN Last SISCO			4. DATE OF DEATH Month 3 Day 28 Year 62
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-6-38
9. AGE (last birthday) 23		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MO.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME LIGE SISCO	
13b. MOTHER'S MAIDEN NAME BECKY SHIPMAN		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) NO		16. SOCIAL SECURITY NO. 9	
17. INFORMANT Mrs. LIGE SISCO		Address Alton, MO	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subarachnoid hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) intracerebral aneurysm (not verified) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 28 hrs.
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 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. 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 3/28/62 to 3/28/62 and last saw him alive on 3/28/62 Death occurred at 1 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H. J. McAlhany, M.D.		22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 3/30/62
23a. BURIAL, CREMATION, REMOVAL (Specify).	23b. DATE 3-30-62	23c. NAME OF CEMETERY OR CREMATORY BAILEY CHAPEL CEMETERY	23d. LOCATION (City, town, or county) (State) ALTON, MO
24. FUNERAL DIRECTOR CHARY F.H.	ADDRESS Alton, MO.	25. DATE RECD. BY LOCAL REG. 4-2-62	26. REGISTRAR'S SIGNATURE Effie S. Meeton

USE BLACK INK OR TYPEWRITER RIBBON

VS JUN 15 1962

APR 24 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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Rich M. Abbott

Licensed Embalmer No. 5115

P. O. Address Springfield 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.

Print name 3-28-62