

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047865

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 190

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 3 1962	
1. PLACE OF DEATH a. COUNTY Perry b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville Length of stay in 1b _____ c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry County Memorial Hospital Inside Limits _____ d. STREET ADDRESS (If outside, give location) 216 W.N. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Perry c. CITY OR TOWN Perryville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 216 W.N. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Robert Middle Francis Last Cissell (Type or print)	
4. DATE OF DEATH Dec. 24, 1962 Month Dec. Day 24 Year 1962	
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 Feb. 5, 1888 9. AGE (last birthday) 74 IF UNDER 1 YEAR IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hauling 10b. KIND OF BUSINESS OR INDUSTRY Trucking 11. BIRTHPLACE (City and state or country) Perry County, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME August Cissell 13b. MOTHER'S MAIDEN NAME Annie Neitcher 14. NAME OF HUSBAND OR WIFE Lena Cissell	
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. _____ 17. INFORMANT Mrs. Herman Bauwens, Address Perryville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic atherosclerotic heart disease & left ventricular failure under Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chemia, severe 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. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION Perryville COUNTY Mo. STATE Mo.	
21. I attended the deceased from 7-16-54 to 12-24-62 and last saw him alive on 12-24-62 Death occurred at _____ p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Prof. J. J. Zoellner (Degree or title) 22b. ADDRESS Perryville, Mo. 22c. DATE SIGNED 12-28-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-27-62 23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery, Perryville, Mo. 23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Albert R. Perry ADDRESS Perryville, Mo. 25. DATE RECD. BY LOCAL REG. 12-28-62 26. REGISTRAR'S SIGNATURE Joe J. Zoellner	

VS 300 Rev. 4/59

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10
11
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13 **1-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 _____

Albert Stey

Licensed Embalmer No. *38766*

City of *Ferryville, 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.