

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-003146  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No.        Registrar's No. 2

**FILED JAN 8 1963**

DO NOT WRITE ON THIS STUB      AMENDED

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	SHOULD READ	ITEM NO.
10940								
20940								
3								
4 0								
5 1								
6								
7 0								
8 2								
91992								
10								
11								
1290-8								
13 1-0								

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bismarck</b>		Length of stay in 1b <b>life</b>	c. CITY OR TOWN <b>Bismarck</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1165 N. Cedar</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1165 N. Cedar</b>
3. NAME OF DECEASED (Type or print): First <b>WESLEY</b> Middle <b>JAMES</b> Last <b>SISK</b>		4. DATE OF DEATH <b>January 1, 1963</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/31/1896</b>
9. AGE (last birthday) <b>66</b>		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) <b>brakeman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mo-Pac R.R.</b>	11. BIRTHPLACE (City and state or country) <b>Des Arc, Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>James Sisk</b>	
13b. MOTHER'S MAIDEN NAME <b>Permelia Fakes</b>		14. NAME OF HUSBAND OR WIFE <b>Ruth East Sisk</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes      WW I</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Jessie Casteel, Flat River, Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Presumed to be "Natural Causes"</b>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Investigated by Ted Boyer, St. Francois County Coroner</b>			
DUE TO (c) <b>(Known to have had cancer)</b>			
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      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 _____ to _____ and last saw her/him alive on _____ Death occurred at <b>11.00</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Ethel Rudloff</i> Local Registrar		22b. ADDRESS <b>Realty Bldg. Farmington, Mo.</b>	22c. DATE SIGNED <b>1-2-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>1/4/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Bismarck, Missouri</b>
24. FUNERAL DIRECTOR <i>W. H. White</i> Address <b>White Funeral Home, Ironton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Jan 2, 1963</b>	26. REGISTRAR'S SIGNATURE <i>Ethel Rudloff</i>

(Licensed Embalmer's Statement on Reverse Side)

JAN 11 1963

**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 Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Ironton, 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.