

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0043464

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

DEFILED 64

Registration District No. 1415

Primary Registration District No. 5014

Registrar's No. 114

VS 300  
Rev. 4/59

1 0060

2 0060

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4 1

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9 761

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12 90-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Barton</u>		a. STATE <u>Mo</u>	b. COUNTY <u>Barton</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Union</u>		c. CITY OR TOWN <u>Union Township</u>	
Length of stay in 1b <u>4 yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>Ana</u> Middle <u>May</u> Last <u>Bisaccio</u>		Month <u>Nov.</u> Day <u>14</u> Year <u>1964</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	9. AGE (last birthday) <u>Mar. 17 1894 70</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Walnut Grove Mo</u>
13a. FATHER'S NAME <u>John Silence</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Lowmy</u>	14. NAME OF HUSBAND OR WIFE <u>Carlo Bisaccio</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Carlo Bisaccio Irwin, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH <u>18 mos.</u>
PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <u>Carcinoma of Vagina</u>			
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)			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 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 <u>7/9/64</u> to <u>11/14/64</u> and last saw her/him alive on <u>10/27/64</u>		Death occurred at <u>4:30 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>A.R. Carr M.D.</u> (Degree or title)		22b. ADDRESS <u>Lamar Mo</u>	22c. DATE SIGNED <u>11/19/64</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 17 64</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sheldon Mo.</u>	23d. LOCATION (City, town, or county) <u>Sheldon Mo</u> (State)
24. FUNERAL DIRECTOR <u>Beery Funeral Home</u> ADDRESS <u>Sheldon Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11/23/64</u>	26. REGISTRAR'S SIGNATURE <u>Marie Konantz</u>

NEW YORK STATE DEPARTMENT OF HEALTH

STATE OF NEW YORK

**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 L. Gerald Beery

Licensed Embalmer No. 7203

P. O. Address Sheldon 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.