

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21933

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5519 Registrar's No. 39

| | | | |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>HENRY</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural White Oak</u> | | c. LENGTH OF STAY (in this place) <u>LIFE</u> | c. CITY OR TOWN <u>0420</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>2 Mi. North of Hartwell</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTAH</u> b. (Middle) <u>Kisar</u> c. (Last) <u>HISOR</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>8 3 55</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>May 16, 1878</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>House Keeping</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Hartwell Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>John Harrington</u> | |
| 13b. MOTHER'S MARYDEN NAME <u>Rosa Cowden</u> | | 14. NAME OF HUSBAND OR WIFE <u>Joe Hisor</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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mona Hunter Hartwell mo</u> ADDRESS <u>Hartwell mo</u> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis & Hypertension</u> <u>10 years</u> DUE TO (c) <u>331X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>March 10, 1955</u> , to <u>July 20, 1955</u> , that I last saw the deceased alive on <u>not at all</u> , 19 <u>55</u> , and that death occurred at <u>10:25 P. M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. R. P. Hallinguard M.D.</u> | | 23b. ADDRESS <u>Clinton Missouri</u> | |
| 23c. DATE SIGNED <u>8/4/55</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Aug 7, 1955</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Morris Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Henry Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Aug. 7-1955</u> | | REGISTRAR'S SIGNATURE <u>Slorence Adair</u> ADDRESS <u>422 Nickman & Dunning Clinton Mo</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Robert L. Dunning*.....

Licensed Embalmer No. *71*.....

P. O. Address *Clinton*.....

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.