

FILED SEP 11 1948

State File No. _____

Registration District No. 180

Primary Registration District No. 4292

Registrar's No. 68

1. PLACE OF DEATH:
(a) County LINCOLN
(b) City or town WINFIELD
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 YEAR years, months or days

3. (a) PRINT FULL NAME SIMPSON SITTON
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male
5. Color or race W
6. (a) Single, widower, married, divorced
6. (b) Name of husband or wife Margaret SITTON
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased JULY 14 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 14
If less than one day hr. _____ min. _____

9. Birthplace WINFIELD (RED) Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name JEROME SITTON
13. Birthplace LINCOLN Co. Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name JANE HARDESTY
15. Birthplace LINCOLN Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant WIFE
(b) Address _____

17. (a) BURIAL (b) Date thereof 8-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW SALEM CEM.

18. (a) Signature of funeral director Hubberrys
(b) Address Hubberrys, Mo.

19. (a) 8-30-48 (b) J.C. HOUNDIS
(Date received local registrar) (Registrar's signature) 163

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln 57
(c) City or town Winfield 0
(If outside city or town limits write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? No years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 28
year 1948 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug. 16
1948 to Aug. 28 1948
that I last saw him alive on Aug. 28 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations 570
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Dr. H. Z. Kelley (M. D. or other) 20
Address Winfield Date signed 8-30-48

Duration 9
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

NOV 19 1948

SEP 10 1948

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

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.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....

W. J. Edsherry

Licensed Embalmer No. 4012

P. O. Address Edsherry, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.