

FILED SEP 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26318

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 281

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri | |
| b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau | | b. COUNTY Cape Girardeau | |
| c. LENGTH OF STAY (In this place) 33 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Rodney Vista Drive | | d. STREET ADDRESS (If rural, give location) Rodney Vista Drive | |

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|--|------------|-------------|----------------------|-----------------------------------|---------|-------|--------|
| 3. NAME OF DECEASED (Type or Print) Erma | a. (First) | b. (Middle) | c. (Last) Bissett | 4. DATE OF DEATH Aug. 25, 1949 | (Month) | (Day) | (Year) |
|--|------------|-------------|----------------------|-----------------------------------|---------|-------|--------|

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|------------------|---------------------------|---|-----------------------------------|---------------------------------------|--------------------------|------------------------|-------------------------|------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 20, 1878 | 9. AGE (In years last birthday) 71 | # UNDER 1 YEAR Months | # UNDER 1 YEAR Days | # UNDER 1 YEAR Hours | # UNDER 1 YEAR Min. |
|------------------|---------------------------|---|-----------------------------------|---------------------------------------|--------------------------|------------------------|-------------------------|------------------------|

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|--|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Trenton, Tennessee | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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|-----------------------------------|--|---|
| 13a. FATHER'S NAME R.C. Mobley | 13b. MOTHER'S MAIDEN NAME Evelyn Fitzgerald | 14. NAME OF HUSBAND OR WIFE Thomas Bissett |
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|--|---------------------------------|---|--------------------------|
| 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. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Ralph Dickens | ADDRESS Cape Gir., Mo |
|--|---------------------------------|---|--------------------------|

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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident, probably hemorrhagic | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis & Hypertension 3. Pt. hemiplegia | | |
| | 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

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|--|--|---|
| 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) |
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| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 6/24, 1949, to 8/25, 1949, that I last saw the deceased alive on 8/25, 1949, and that death occurred at 2:35P m., from the causes and on the date stated above.

| | | | |
|------------------------------------|-------------------|------------------------------------|-----------------------------|
| 23a. SIGNATURE J. H. Stein M.D. | (Degree or title) | 23b. ADDRESS Cape Girardeau, Mo | 23c. DATE SIGNED 8/27/49 |
|------------------------------------|-------------------|------------------------------------|-----------------------------|

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|---|----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Aug. 27, 1949 | 24c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery | 24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo. |
|---|----------------------------|---|--|

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|---------------------------------------|--|----|---|---------------------------|
| DATE REC'D BY LOCAL REG. 8-29-1949 | REGISTRAR'S SIGNATURE C. C. Summers | 44 | 25. FUNERAL DIRECTOR'S SIGNATURE L. H. ... | ADDRESS Cape Gir., Mo. |
|---------------------------------------|--|----|---|---------------------------|

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

RECEIVED 9-6-47

District Health Officer No. 4

Subject File Number 949-1164

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Howard L. Ham.....

Licensed Embalmer No. 4123.....

P. O. Address Cape Girardeau.....

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 this body is not embalmed, fact should be so stated above.