

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

FILED OCT 15 1949  
54532-49

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Woodie Deffer, Mo. State File No. 32753

BIRTH NO. _____		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>6152</u>		Registrar's No. <u>63</u>	
1. PLACE OF DEATH a. COUNTY <u>STODDARD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STODDARD</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty Twp.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL LIBERTY TWP.</u>		d. STREET ADDRESS (If rural, give location) <u>10 Miles NW of Bernie, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				3. NAME OF DECEASED a. (First) <u>DEMPSY</u> b. (Middle) <u>LEON</u> c. (Last) <u>SISK</u>			
4. DATE OF DEATH <u>Sept. 22 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	
8. DATE OF BIRTH <u>August 20, 1949</u>		9. AGE (In years last birthday) <u>1</u>		10. MONTHS <u>2</u>		11. BIRTHPLACE (State or foreign country) <u>Libert TWP. Stoddard County USA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Dempsy Sisk</u>		13b. MOTHER'S MAIDEN NAME <u>Virgie Dickerson</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dempsy Sisk R.F.D.3, Dexter 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia lobar</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4702</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
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) (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 <u>22 Sept, 1949</u> , to <u>22 Sept, 1949</u> , that I last saw the deceased alive on <u>22 Sept, 1949</u> , and that death occurred at <u>4 PM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Waddell M.D.</u>				23b. ADDRESS <u>Dexter Mo.</u>		23c. DATE SIGNED <u>6 Oct 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/23/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stephenson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-6-1949</u>		REGISTRAR'S SIGNATURE <u>Walter T. Jenkins</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Paul H. ...</u>		ADDRESS <u>Bernie Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 10 194  
District Health Office No. 4  
District File Number 1049-  
Date Filed \_\_\_\_\_

None

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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 \_\_\_\_\_

~~Body not embalmed~~  
working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. Funeral Director

P. O. Address Bernie 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 this body is not embalmed, fact should be so stated above.

