

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34628**

BIRTH NO. _____		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 3051		Registrar's No. 73				
1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Perry						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville Mo.		c. LENGTH OF STAY (In this place) 2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brewer Mo.						
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)						
3. NAME OF DECEASED (Type or Print) a. (First) Henry			b. (Middle) P.		c. (Last) Cissell		4. DATE OF DEATH (Month) (Day) (Year) Nov. 3 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 5 1877		9. AGE (In years last birthday) 72 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Perry Co. Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Ferd Cissell			13b. MOTHER'S MAIDEN NAME Catherine Frazier			14. NAME OF HUSBAND OR WIFE Clothilda Cissell				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME Clothilda Cissell					ADDRESS Brewer Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Asthma DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 1 mo		
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) (m.)		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 1947 , to Nov 3 , 19 49 , that I last saw the deceased alive on Oct 20 , 19 49 , and that death occurred at 3:45 P. m., from the causes and on the date stated above.										
23a. SIGNATURE Sping Bailey M.D. (Degree or title)					23b. ADDRESS Perryville Mo			23c. DATE SIGNED 11-4-49		
24a. BURIAL-CREMA-TION, REMOVAL (Specify) Burial		24b. DATE Nov. 6 1949		24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery		24d. LOCATION (City, town, or county) (State) St. Marys Mo				
DATE REC'D BY LOCAL REG Nov 7-1949		REGISTRAR'S SIGNATURE Joe J. Zollner			25. FUNERAL DIRECTOR'S SIGNATURE Yanny & Sons Perryville Mo		ADDRESS			

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

11-9-49

1th Officer No. 4

let File Number 1149-142

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed: Emmanuel Young

Signed _____
Student Embalmer

Licensed Embalmer No. 21380

P. O. Address: Perquimans

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.