

FILED FEB 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7032

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 3069	Registrar's No. 424
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>ADAIRSON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>CRIGHMOND HEIGHTS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0 TOWN COLLINGSVILLE 8120</u>		
c. LENGTH OF STAY (in this place) <u>3 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>18 ST. LOUIS ROAD</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>GUY</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>SISSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 16 1950</u>		
5. SEX <u>M. O</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov 19 1886</u>	9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>2</u> IF UNDER 24 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DRUGGIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DRUG STORE</u>		11. BIRTHPLACE (State or foreign country) <u>GREENFIELD ILL</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>MONROE Sisson</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie CROUCH</u>		14. NAME OF HUSBAND OR WIFE <u>AGNES Sisson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>329-10-1208</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Agnes Sisson</u> ADDRESS <u>18 St. Louis Rd.</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>Carcinoma of Gall Bladder</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year?</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>Feb 1, 1950</u> to <u>Feb 16, 1950</u> , that I last saw the deceased alive on <u>Feb 16, 1950</u> , and that death occurred at <u>9:30 A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Ralph Mesella</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>3726 Washington St. St. Louis, Mo.</u>		23c. DATE SIGNED <u>2/17/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>FEB 20 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT CARMEL</u>
24d. LOCATION (City, town, or county) (State) <u>BELLEVILLE ILL.</u>				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Harbert G. Dumble</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Walsh Barnes</u> ADDRESS <u>1416 St. Louis Ave. East St. Louis, Ill.</u>		
FEB 17 1950				

(Licensed Embalmer's Statement on Reverse Side)

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

4005

OCT 16 1950

DEC 1 1950

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 \_\_\_\_\_

*Not Embalmed.*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *Phillip Ogden*

Licensed Embalmer No. *7091*

P. O. Address \_\_\_\_\_

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.

*Not signed*