

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 4 1951

BIRTH NO.

REG. DIST. NO. 128PRIMARY REG. DIST. NO. 2000Registrar's No. 485

1. PLACE OF DEATH

a. COUNTY

Greeneb. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Springfield

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

Greenec. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Springfieldd. STREET ADDRESS
(If rural, give location)2231 N. Johnston3. NAME OF DECEASED
(Type or Print)

a. (First)

CARL

b. (Middle)

A.

c. (Last)

BISSMAN4. DATE OF DEATH (Month) (Day) (Year)
May 31 1951

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 14, 18939. AGE (in years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hour Min.
5710a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Mfg. Real Estate10b. KIND OF BUSINESS OR INDUSTRY
Mfg. Real Estate11. BIRTHPLACE (State or foreign country)
Cleveland Ohio12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME

August Bissman

13b. MOTHER'S MAIDEN NAME

Josephine Schoch

14. NAME OF HUSBAND OR WIFE

Elizabeth Bissman15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
Yes WWI16. SOCIAL SECURITY NO.
486-34-715817. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Elizabeth Bissman Spfld. Mo.18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Carcinoma of Colon with

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)

Generalized abdominal metastases

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

153X19a. DATE OF OPERATION
3-14-51

19b. MAJOR FINDINGS OF OPERATION

Carcinoma rectum with liver metastases

20. AUTOPSY?

YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 12-8, 1947, to 5-30, 1951, that I last saw the deceased alive on 5-30, 1951, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE

William J. Dand

(Degree or title)

M.D.

23b. ADDRESS

609 Cherry, Springfield

23c. DATE SIGNED

5/31/51

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

June 3, 51

24c. NAME OF CEMETERY OR CREMATORY

Mt. Comfort Cemetery 5mi N. of Springfield Mo.

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.
6-251

REGISTRAR'S SIGNATURE

W.E. Landley

25. FUNERAL DIRECTOR'S SIGNATURE

J. W. Klingner & Co. Springfield

ADDRESS

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

2396
0
Hanks

16162

15-19F
1951

AUG 7
1953

JUN 22 1962

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.....
Max Rhodes

Signed.....
Student Embalmer

Licensed Embalmer No. *4071*

P. O. Address *Springfield*

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.