

STANDARD CERTIFICATE OF DEATH

30020

State File No. _____

FILED OCT 1 1951

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 823

1. PLACE OF DEATH
 a. COUNTY Greene
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield
 c. LENGTH OF STAY (In this place) township: 2 weeks
 d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Christian
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nixa 0220
 d. STREET ADDRESS (If rural, give location) No street address 1

3. NAME OF DECEASED (Type or Print)
 a. (First) KATE b. (Middle) SISSEL c. (Last) STEINERT
 4. DATE OF DEATH (Month) (Day) (Year) Sept 24 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
 8. DATE OF BIRTH March 22, 1875 9. AGE (In years last birthday) 76 IF UNDER 1 Year: Months _____ Days _____ IF UNDER 24 Hours: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
 10b. KIND OF BUSINESS OR INDUSTRY Own Home
 11. BIRTHPLACE (State or foreign country) Stone Co., Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Moses Sissel 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE _____

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 John Sissel, Springfield, Missouri ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Occlusion of left coronary artery
 ANTECEDENT CAUSES Cardio-renal-vascular disease
 *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
 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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4/22 X

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 9-14, 1951, to 9-24, 1951, that I last saw the deceased alive on 9/24, 1951, and that death occurred at 2:25 pm., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Print or type) M. S. Sissel 23b. ADDRESS Springfield, Mo. 23c. DATE SIGNED 9-26-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept 26, 1951 24c. NAME OF CEMETERY OR CREMATORY Payne Cemetery 24d. LOCATION (City, town, or county) (State) Near Springfield, Missouri

DATE REC'D BY LOCAL REG. 9-27-51 REGISTRAR'S SIGNATURE W. E. Handlyard 25. FUNERAL DIRECTOR'S SIGNATURE Alma Schmejer ADDRESS Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

0396

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed Bernard F Wright

Signed.....
Student Embalmer

Licensed Embalmer No. 4293

P. O. Address Springfield, m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Signature to comply with the above constitutes grounds for revocation of license.)

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