

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32633**

FILED OCT 13 1953

BIRTH NO. _____		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 3054		Registrar's No. 115			
1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived, if institution/residence before admission). a. STATE MO b. COUNTY Pike					
b. CITY (If outside corporate limits, write RURAL and give township) Louisiana		c. LENGTH OF STAY (In this place) 6 wks		c. CITY (If outside corporate limits, write RURAL and give township) Curryville		d. STREET ADDRESS 0520			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pike Co Hospital				d. STREET ADDRESS 0520					
3. NAME OF DECEASED a. (First) Dorothy (Type or Print)			b. (Middle) Augusta			c. (Last) Sisson			
4. DATE OF DEATH (Month) Sept (Day) 26 (Year) 1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married			
8. DATE OF BIRTH June 23 1922		9. AGE (In years last birthday) 31		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Pike Co MO			
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Joshua F Elliott		13b. MOTHER'S MAIDEN NAME Anna Master		14. NAME OF HUSBAND, OR WIFE Samuel H Sisson			
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. no		17. INFORMANT'S SIGNATURE OR NAME Mr Sam H. Sisson ADDRESS Curryville, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. Carcinomatosis DUE TO (c) Carcinoma of Cervix II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 18 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 171X				20. AUTOPSY? YES <input 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 8/15 , 19 53 , to 9/26 , 19 53 , that I last saw the deceased alive on 9/25 , 19 53 , and that death occurred at 9:32 pm., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) John W. Middleton M.D.				23b. ADDRESS Louisiana Mo.		23c. DATE SIGNED 9/26/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 29 1953		24c. NAME OF CEMETERY OR CREMATORY Curryville		24d. LOCATION (City, town, or county) (State) Curryville MO			
DATE REC'D BY LOCAL REG. Sept 29/1953		REGISTRAR'S SIGNATURE Bernice Collier 37.4		25. FUNERAL DIRECTOR'S SIGNATURE Grace Sanford Bowling		ADDRESS Curryville MO			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Harold Kiska

Signed.....

Student Embalmer

Licensed Embalmer No. *4597*

P. O. Address *Banding Green*

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

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