

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3896

FILED MAR 4 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5110 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL Fillmore</u>		c. LENGTH OF STAY (In this place) <u>LIFE</u>	c. CITY OR TOWN <u>0090</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
STREET ADDRESS (If rural, give location) <u>Grassy mo R#1-Hwy 34</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FRANCES</u>	b. (Middle) <u>Permelia</u>	c. (Last) <u>SITZE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-25-55</u>
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5. SEX <u>F.M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 25-1872</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 HRS. Days <u></u>	IF UNDER 1 MIN. Hours <u></u>	IF UNDER 1 MIN. Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BOLLINGER Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Burk</u>	13b. MOTHER'S MAIDEN NAME <u>Permelia McKee</u>	14. NAME OF HUSBAND OR WIFE <u>Adam Sitze</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Adam Sitze Grassy mo</u>	ADDRESS <u></u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac decompensation</u>		<u>year.</u>
	DUE TO (c) <u>Arteriosclerotic cardiovascular changes</u>		<u>year.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile mental changes.</u>			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>#221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>
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22. I hereby certify that I attended the deceased from Nov. 5 1951, to Feb 25, 1955 that I last saw the deceased alive on Feb 24, 1955, and that death occurred at 2:45 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Emerette L. Price</u> <u>25</u> (Degree or title)	23b. ADDRESS <u>Hubert St., Mo.</u>	23c. DATE SIGNED <u>3-1-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-27-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BOLLINGER CO. MEM</u>	24d. LOCATION (City, town, or county) (State) <u>LUTESVILLE, MO</u>
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DATE REC'D BY LOCAL REG. <u>MAR. 1 1955</u>	REGISTRAR'S SIGNATURE <u>William W. ...</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Gene Ward</u>	ADDRESS <u>Lutesville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 3810
P. O. Address.....
C. J. Leonard

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.