

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11610

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 129 PRIMARY REG. DIST. NO. 2000 Registrar's No. 334

3

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

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. <u>MISSOURI</u> b. <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>SPRINGFIELD</u> )		c. LENGTH OF STAY (In this place) c. CITY OR TOWN <u>ROGERSVILLE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. BAPTIST HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>ROUTE # 2</u> <span style="float: right;">0390</span>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORENCE</u>		b. (Middle) <u>SISSON</u>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 11, 1955</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 23, 1890</u>
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MARTINSVILLE, IND.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>BROWN</u>	
13b. MOTHER'S MAIDEN NAME <u>JANE SATTERWHITE</u>		14. NAME OF HUSBAND OR WIFE <u>RAY SISSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>RAY SISSON</u>		ADDRESS <u>SPRINGFIELD, MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Coronary Occlusion</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>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		UNATTENDED BY PHYSICIAN <u>4/20/55</u>	
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 _____ that death occurred at <u>5:40 P.M.</u> on the date stated above.			
23. SIGNATURE <u>Earl Williams</u> Local Registrar of Vital Statistics		23b. ADDRESS <u>Greene County Court House Springfield, Missouri</u>	
23c. DATE SIGNED <u>4/14/55</u>		23d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MISSOURI</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4/14/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HAZELWOOD CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>4/14/55</u>	REGISTRAR'S SIGNATURE <u>Earl Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.C. Johnson</u> ADDRESS <u>SPRINGFIELD, MO.</u>	

(Licensed Embroider's Stationery on Reverse Side)

APR 19 1955

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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..... *Gene C. Hunter*

Licensed Embalmer No. *473*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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