

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40271

40271

BIRTH NO.		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. 188			
1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Grundy					
b. CITY OR TOWN Trenton, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Trenton		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 Wright Hospital				e. STREET ADDRESS (If rural, give location) 305 E. 10th St					
3. NAME OF DECEASED (Type or Print) a. (First) Leona			b. (Middle) Cisco		c. (Last) Cisco				
4. DATE OF DEATH		(Month) 12		(Day) 7		(Year) 1955			
5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 10/26/89			
9. AGE (in years last birthday) 66		IF UNDER 1 YEAR Months 1		IF UNDER 2 HRS. Days 14		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		11. BIRTHPLACE (City and State or Foreign Country) Gault, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME A.H. Pratt			13b. MOTHER'S MAIDEN NAME Angeline Wadsworth			14. NAME OF HUSBAND OR WIFE C.G. Cisco			
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 C.G. Cisco			ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 months	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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.  331x					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION					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) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? rtal				
22. I hereby certify that I attended the deceased from <del>Sept 11</del> 19 55 to Dec 7th, 19 55 that I last saw the deceased alive on Dec 7th, 1955, and that death occurred at 11:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Oliver F. Giffey MD (Degree or title)					23b. ADDRESS Trenton Mo			23c. DATE SIGNED Dec 9th - 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 28/10/55		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) Trenton, Mo.			
DATE REC'D BY LOCAL REC 12-27-55		REGISTRAR'S SIGNATURE Gene Jan 115			25. FUNERAL DIRECTOR'S SIGNATURE Chas. D. Gipson		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 7 1959

JAN 17 1959

FEB 1 1959

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..... *Earl M. Keeny*

Licensed Embalmer No. *351*

P. O. Address *Isenton*

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.