

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42423

FILED JAN 2 1957

Registration District No. 278

Primary Registration District No. 3054

STATE FILE NUMBER

Registrar's No. 175

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Louisiana</b>		c. CITY OR TOWN <b>Louisiana</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Pike Co. Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>420 Douglas St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>Sisson</b> Last <b>Jr.</b>		4. DATE OF DEATH Month <b>Dec.</b> Day <b>24</b> Year <b>1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 22, 1879</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>	11. BIRTHPLACE (City and state or country) <b>Louisiana, Mo.</b>
13. FATHER'S NAME <b>Charles Henry Sisson</b>		14. MOTHER'S MAIDEN NAME <b>Nancy Ellen Huff</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>492-24-0574</b>	
17. INFORMANT <b>Mrs. Luella Sisson</b>		Address <b>Louisiana, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> DUE TO (b) <b>Acute Congestive Heart Disease</b> DUE TO (c) <b>Arterio-sclerotic Cardio-Vascular Disease</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Coronary Hypertrophy</b>			INTERVAL BETWEEN ONSET AND DEATH <b>sudden</b> <b>3 days</b> <b>several years</b>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Hour <b>3:45 AM</b> Month <b>Dec.</b> Day <b>22</b> Year <b>1956</b> a. m. <b>AM</b> p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Dec. 22, 1956</b> to <b>Dec. 24, 1956</b> and last saw him alive on <b>12/23/56</b> Death occurred at <b>3:45 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Print or title) <b>Robert L. Andrae M.D.</b>		22b. ADDRESS <b>Louisiana Mo</b>	
22c. DATE SIGNED <b>12/24/56</b>		22d. ADDRESS	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec. 26, 56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Louisiana Mo</b>
24. FUNERAL DIRECTOR <b>Geo. M. Collier</b>		25. DATE RECD. BY LOCAL REG. <b>Dec 26, 1956</b>	
ADDRESS <b>Louisiana, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Bernice Collier</b>	

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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MAR 8 1961

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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.....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.