

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014242

STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 247 Primary Registration District No. 4366 Registrar's No. 12

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-57

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Newton | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Granby | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Webb City 0492 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Granby Hospital | | Length of stay in 1b 7 weeks | d. STREET ADDRESS (If outside, give location) 625 N. Liberty Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|----------------------------------|--|---|---|--|
| 3. NAME OF DECEASED (Type or print) First Mattie Middle Jane Last Sisco | | | 4. DATE OF DEATH Month April Day 29 Year 1959 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 20, 1887 | 9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months 4 Days 9 |
| 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 country) Arkansas | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME James Grisham | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE | |
| 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. | | 17. INFORMANT Rex Sisco 624 N. Tennessee St. Cartersville, Mo. | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanition and cachexia | | | INTERVAL BETWEEN ONSET AND DEATH 3 weeks |
| Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. | DUE TO (b) Carcinomatosis | | 2 months |
| | DUE TO (c) Squamous cell carcinomata, face & neck | | over 4 mos |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 1908 | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 1 |

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| 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 _____ a.m. _____ p.m. | Month, Day, Year _____ | | |

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|---|--|--|-------------------------|------------------------------------|
| 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 Granby, Mo. | COUNTY Jasper | STATE Missouri |
| 21. I attended the deceased from 3/8/59 to 4/29/59 and last saw her alive on 4/29/59 Death occurred at 3:55 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | |
| 22a. SIGNATURE (Degree or title) Charles O. Chester D.O. | | 22b. ADDRESS Granby, Mo. | | 22c. DATE SIGNED 4/30/59 |

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|---|----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 5-2-59 | 23c. NAME OF CEMETERY OR CREMATORY Webb City Cemetery | 23d. LOCATION (City, town, or county) (State) Webb City, Mo. |
| 24. FUNERAL DIRECTOR Johnston-Arnce-Simpson Mortuary Webb City, Mo. | | 25. DATE RECD. BY LOCAL REG. May 1, 1959 | 26. REGISTRAR'S SIGNATURE M. L. Young |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Date Filed MAY 8 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 *Jack C. Simpson*
Licensed Embalmer No. *4647*
P. O. Address *Webb City, Mo*

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.