RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-024099
STATE FILE NUMBER

FILED VS AUG 3 1959

Registration District No. 21 Primary Registration District No. 5107 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: White Township
Length of stay in 1b: 3 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2 mile South of Lincoln, Mo
Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Howell
c. CITY OR TOWN: West plains
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): 6 mile South & 1 mile east
Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Ebert Middle: Nelson Last: Bissett
4. DATE OF DEATH: Month: July Day: 28 Year: 59
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 10/3/1877
9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months: 9 Days: 25
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Vernon County Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: nelson Bissett
13b. MOTHER'S MAIDEN NAME: margaret Bissett
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: George Bissett Address: Lincoln, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Respiratory Failure	immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Ruptured Aortic Thoracic Aneurysm	1 minute
DUE TO (c)	Unknown	Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Lower Right Lobar Pneumonia, Possible lower Right Bronchogenic Carcinoma

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 7-11-59 to 7-28-59 and last saw her/him alive on 7-24-59
Death occurred at 2:05 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John L Watson (Degree or title) Do.
22b. ADDRESS: Cole Camp Mo
22c. DATE SIGNED: 7-28-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/31/59
23c. NAME OF CEMETERY OR CREMATORY: Homeland Cemetery
23d. LOCATION (City, town, or county): West plains (State): Mo

24. FUNERAL DIRECTOR: Fred Davis & Son ADDRESS: Lincoln
25. DATE RECD. BY LOCAL REG.: July 28, 1959
26. REGISTRAR'S SIGNATURE: E L Eickhoff

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Richard D. Conn

Signature of Student Embalmer

Licensed Embalmer No. 4703

P. O. Address Upton, Mass.

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