

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024858

FILED VS. AUG 10 1959 32

3021

141

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Length of stay in 1b Most of Life		c. CITY OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last Cecil G. Cisco				4. DATE OF DEATH Month Day Year July 27 1959									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-21-1888		9. AGE (last birthday) 71		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist				10b. KIND OF BUSINESS OR INDUSTRY Drug Store		11. BIRTHPLACE (City and state or country) Mercer County Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Cecil H. Cisco				13b. MOTHER'S MAIDEN NAME Chelsea Girdner				14. NAME OF HUSBAND OR WIFE Deceased					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 492-38-4921		17. INFORMANT Address Mrs. Eleanore Leek St. Louis, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Chorea DUE TO (b) Acute Nephritis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH 3 days 1 week					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		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											
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 July 24 1959 to July 27 1959 and last saw her July 27 1959 and last saw him July 27 1959 alive on July 27 1959 . Death occurred at 1:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Clyde R. Gifford M.D. (Degree or title)				22b. ADDRESS Trenton Mo.				22c. DATE SIGNED July 29 1959					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 28, 1959		23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		23d. LOCATION (City, town, or county) Trenton, Mo.		(State) 1959					
24. FUNERAL DIRECTOR ADDRESS Wm. Gipson Trenton, Mo.				25. DATE RECD. BY LOCAL REG. 8/3/59		26. REGISTRAR'S SIGNATURE J. Neff							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 10 1960

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 _____
Signature of Student Embalmer

Signed Paul D. Collins

Licensed Embalmer No. 495-9

P. O. Address Atlanta, Ga

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