...URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-039115
STATE FILE NUMBER

FILED VS DEC 7 1959

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 546

...MENDED

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Poplar Bluff — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Doctor's Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Stoddard
c. CITY OR TOWN: Dexter — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 520 Chautauqua Lane — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Russell Middle A. Last Sisler
4. DATE OF DEATH: Month Nov. Day 15, Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 10-10-1891
9. AGE (last birthday): 68 — IF UNDER 1 YEAR: Months 1 Days 5 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant & Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Dexter, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: R. A. Sisler
13b. MOTHER'S MAIDEN NAME: Georgia
14. NAME OF HUSBAND OR WIFE: Elenore Sisler
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.: 496-36-0131
17. INFORMANT: Mrs. Elenore Sisler, Address: Dexter, 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — Approx 2 years
DUE TO (c):
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. [ ] 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 June 1958, to Nov 15, 1959 and last saw ~~her~~ him alive on Nov 14, 1959
Death occurred at 5:00 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert C. Engelhardt MD
22b. ADDRESS: Poplar Bluff, Mo
22c. DATE SIGNED: Nov 20, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-18-59
23c. NAME OF CEMETERY OR CREMATORY: Dexter
23d. LOCATION (City, town, or county) (State): Dexter, Missouri

24. FUNERAL DIRECTOR: Strickland-Rainey — ADDRESS: Dexter, Mo.
25. DATE RECD. BY LOCAL REG.: 11/24/59
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

US DEC 7 1959

MAY 8 1961

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 Lucien Rainey

Licensed Embalmer No. 2983

P. O. Address Dayton, O

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