

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043586

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1625

STATE FILE NUMBER

FILED DEC 2 1963

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Greene</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Nixa, Route #1</u>	
Length of stay in lb <u>9 days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge-Protestant Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>2 Miles Southwest</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED			4. DATE OF DEATH
First Middle Last <u>John Calvin Sissel</u>			Month Day Year <u>November 19, 1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/6/1886</u>
9. AGE (last birthday) <u>76</u>		IF UNDER 1 YEAR	IF UNDER 24 HR
		Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (City and state or country) <u>Stone County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Moses Sissel</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Louisa Mosher Mary Painter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>---</u>	
17. INFORMANT <u>Mrs. Lelia Hood, Route #1, Nixa, Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line)			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <u>CVA -</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) _____			
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.
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>11/10/63</u> to _____ and last saw <sup>her</sup> <sub>him</sub> alive on <u>11/19/63</u>		Death occurred at <u>4:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Lenny Krabb, Jr MD</u> (Degree or title)		22b. ADDRESS <u>1630 N. Jefferson Springfield, Mo.</u>	22c. DATE SIGNED <u>11/22/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 21, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Jamesville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Stone County, Missouri</u>
24. FUNERAL DIRECTOR <u>J. Alan Harris,</u>	ADDRESS <u>Ozark, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-27-63</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Medley</u>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59	DATE AMENDED
1 <u>0347</u>	
2 <u>0220</u>	
3	
4 <u>0</u>	
5 <u>2</u>	
6	
7 <u>0</u>	
8 <u>2</u>	
9 <u>331x</u>	
10	
11	
12 <u>1-0</u>	
13	

11-19-68

**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 *Walter Davis*

Licensed Embalmer No. 4390

P. O. Address Ozark, 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.