

CERTIFICATE OF DEATH

STATE FILE NUMBER
124 69 0049285

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 827

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>JOHN CLEVELAND SITZES</u>		2. <u>M</u>	3. <u>NOVEMBER 27, 1969</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. <u>White</u>		5a. <u>83</u>	5b. <u>Nov. 3, 1886</u>	7a. <u>Cape Girardeau</u>
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7c. <u>Yes</u>		7d. <u>Osteopathic Hospital</u>		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
9. <u>Missouri</u>		9. <u>U.S.A.</u>		10. <u>Widowed</u>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY
12. <u>499-03-6690</u>		13a. <u>Farmer</u>		13b.
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)
12. <u>Missouri</u>		14b. <u>Bollinger</u>		14c. <u>Yes</u>
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. <u>Benton Sitzes</u>		16. <u>Unknown</u>		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. <u>John E. Sitzes</u>		17b. <u>Lutesville, Mo. 63762</u>		
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		
18. IMMEDIATE CAUSE				
(a) <u>Cardiovascular Collapse</u>				
DUE TO, OR AS A CONSEQUENCE OF:				
(b) <u>Uremia</u>				
DUE TO, OR AS A CONSEQUENCE OF:				
(c) <u>Neprosclerosis</u>				
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
<u>Diabetes Mellitus</u>		19a.		19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a.	20b.	20c.	20d.	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
20e.	20f.	20g.		
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.
21a. DECEASED FROM	<u>Nov. 1964</u>	<u>Nov. 27, 69</u>	21c. <u>Nov 27 69</u>	21d.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR		
22a.		22b.		
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a.		23b.	23c.	23d.
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP		
23a.		23b.		
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	
24a. <u>Burial</u>	24b. <u>Marcus Cemetery</u>		24c. <u>Fredericktown, Mo.</u>	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. <u>Nov. 30, 1969</u>	24e. <u>Baker Funeral Home, Lutesville, Mo. 63762</u>			
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. <u>Edw. A. Graham</u>	25b. <u>Ken Kasten</u>		25c. <u>Dec. 16-69</u>	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 0
10a. 83
10b.
11. 0
12. 2
13. 404X
14.
15. 9
16.
17.
18. 2
19. CREDITS
20. 1-0

DEC 22 1969

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

Edw A Graham

Licensed Embalmer No. 5195 -

P. O. Address Lutesville

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.