

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1521

FILED JAN 31 1950

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carl Junction Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.T. Johns Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>302 S. Roney</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EBER</u> b. (Middle) <u>Dudley</u> c. (Last) <u>Isherwood</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-3-1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>2-19-1895</u>
9. AGE (In years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Business-man</u>	11. BIRTHPLACE (State or foreign country) <u>Carl Jet, Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Business-man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DRUGGIST</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>DR. H.L. Isherwood</u>		13b. MOTHER'S MAIDEN NAME <u>Susie Coons</u>	14. NAME OF HUSBAND OR WIFE <u>Christine Isherwood</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War One</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Christine Isherwood</u> ADDRESS <u>Carl Jet, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH. <u>27 hrs.</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>1-2</u> , 19 <u>50</u> , to <u>1-3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-2</u> , 1950, and that death occurred at <u>6 a.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>420 Byers Avenue Joplin, Missouri</u>	
23c. DATE SIGNED <u>1-6-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-5-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction</u>	
24d. LOCATION (City, town, or county) (State) <u>Carl Junction Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Don Roney Carl Jet Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-19-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-23-50
Jasper County Health Office

County File Number 50-1-36

Date Filed 1-30-50

JAN 10 1955

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 _____
Student Embalmer

Signed *Jack C Simpson*

Licensed Embalmer No. 4647

P. O. Address *Webb City 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 this body is not embalmed, fact should be so stated above.