

FILED NOV 30 1950

STANDARD CERTIFICATE OF DEATH

State File No. 36425

BIRTH NO. _____		REG. DIST. NO. <u>65</u>		PRIMARY REG. DIST. NO. <u>5258</u>		Registrar's No. <u>185</u>	
1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>			
b. CITY OR TOWN <u>BRUNSWICK RURAL</u>		c. LENGTH OF STAY (in this place) <u>60 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BRUNSWICK TWPALU</u>		- <u>0 21 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 MI. N.E. OF BRUNSWICK</u>				d. STREET ADDRESS (If rural, give location) <u>5 MI. N.E. OF BRUNSWICK</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ROSA</u>		b. (Middle) <u>EMRICH</u>		c. (Last) <u>ISLE</u>	
4. DATE OF DEATH		(Month) <u>11</u>		(Day) <u>7</u>		(Year) <u>1950</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>8-17-1862</u>	
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>		11. BIRTHPLACE (State or foreign country) <u>NEW JERSEY 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JACOB EMRICH</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE BARANBER</u>		14. NAME OF HUSBAND OR WIFE <u>ROBERT ISLE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT ISLE</u>		ADDRESS <u>BRUNSWICK 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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"/>	
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>Aug 9</u> , 19 <u>50</u> , to <u>Nov 7</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Aug 17</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Carl C. Hejira</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Keplerwell Mo</u>		23c. DATE SIGNED <u>11/10/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-9-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ROBERTSON</u>		24d. LOCATION (City, town, or county) (State) <u>BRUNSWICK MO. (RURAL)</u>	
DATE REC'D BY LOCAL REG. <u>11-9-50</u>		REGISTRAR'S SIGNATURE <u>Mildred Barrie</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L.H. Hessel</u> ADDRESS <u>Branswick Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: NOV 29 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-50-2
Date Filed: NOV 29 1950

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..... *L. M. Weisul*

Licensed Embalmer No. 823

P. O. Address *Brunswick N*

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.