

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26978

FILED AUG 25 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3400

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS City		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS City	
c. LENGTH OF STAY (In this place) 3.5 YR.		d. STREET ADDRESS (If rural, give location) 6011 ST. JOHN 3080	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) HAMILTON c. (Last) ISHMAEL			4. DATE OF DEATH (Month) (Day) (Year) Aug. - 7 - 1951		
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5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Dec. 29 - 1891		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 4 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONDUCTOR		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (State or foreign country) LAREDO, MO.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME Wm. ISHMAEL		13b. MOTHER'S MAIDEN NAME LYDIA J.		14. NAME OF HUSBAND OR WIFE CHRISTINA MRS. GOLDA L. ISHMAEL			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 707-10-0101		17. INFORMANT'S SIGNATURE OR NAME MRS. GOLDA L. ISHMAEL				ADDRESS 6011 St. John K.C. MO.			
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lympho Sarcoma						INTERVAL BETWEEN ONSET AND DEATH	
		- ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						2001	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **1-29**, 1951, to **8-7**, 1951, that I last saw the deceased alive on **8-7**, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Frank H. Lockwood M.D.		23b. ADDRESS 830 Maple Bldg		23c. DATE SIGNED 8/8/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE August 11 - 1951		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH		24d. LOCATION (City, town, or county) (State) KANSAS City Mo.	
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DATE REC'D BY LOCAL REG. 8-8-51		REGISTRAR'S SIGNATURE Gertrude Holmes		25. FUNERAL DIRECTOR'S SIGNATURE C. H. BLACKMAN & SON		ADDRESS 3725 INDEP. K.C. MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 James E. Hacklema

Licensed Embalmer No. 4573

P. O. Address Kansas 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.