

FILED FEB 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

590

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5247 Registrar's No. 4

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>Rural Chariton townsh.</u>		c. CITY OR TOWN <u>Keylesville, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shannondale, Mo.</u>			
3. NAME OF DECEASED a. (First) <u>ISOM</u>		b. (Middle) _____ c. (Last) <u>PAGE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 22, 1952</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Not known</u>	
9. AGE (In years if under 1 year last birthday) <u>96</u> (Months) <u>Approximate</u> (Days) _____ (Hours) _____ (Min.) _____		10. U.S. OCCUPATION (Give kind of work done in the majority of working life. If retired) <u>Railroad</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. GROOMER'S NAME <u>Henry Page</u>	
13b. MOTHER'S MAIDEN NAME <u>Conne Parks</u>		14. NAME OF HUSBAND OR WIFE <u>Isabelle Hayes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Matthew Woods</u>		ADDRESS <u>Salesburg Rd</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 sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bilateral cataracts</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>		10 yrs. _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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>June 10, 1945</u> to <u>Jan 22, 1952</u> , that I last saw the deceased alive on <u>Jan 10, 1952</u> and that death occurred at <u>11:00 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>O. L. Hermon, M.D.</u>		23b. ADDRESS <u>Salesburg, Mo.</u>	
23c. DATE SIGNED <u>1-28-52</u>		24. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan. 26, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Keylesville City Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Keylesville Mo.</u>		DATE REC'D BY LOCAL REG. <u>1-28-52</u>	
REGISTRAR'S SIGNATURE <u>W. H. Kautz</u>		55	
GENERAL DIRECTOR'S SIGNATURE <u>W. Dudley</u>		ADDRESS <u>Fremont Glasgow Mo.</u>	

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

2210

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

EW Friemuth

Signed.....
Student Embalmer

Licensed Embalmer No. *3978*

P. O. Address *Glasgow 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.