

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1002

State File No.

FILED FEB 1 1952

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 0018

2402
0

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY OR TOWN <u>Trenton</u>	c. LENGTH OF STAY (In this place) <u>2 months</u>	c. CITY OR TOWN <u>Laredo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Collers Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi East Laredo</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Roberta</u>	b. (Middle) <u>Maxine</u>	c. (Last) <u>Iskmeal</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 27 1952</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>July 22 1927</u>	9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>5</u>	IF UNDER 6 WKS. Hours <u></u> Mins. <u></u>
----------------------	-------------------------------	---	--------------------------------------	---	---	---

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>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Linn County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>James Wallace Searey</u>	13b. MOTHER'S MAIDEN NAME <u>Lela Mae Iskmeal</u>	14. NAME OF HUSBAND OR WIFE <u>William Clodius Iskmeal</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>Marion J. Figg</u>	ADDRESS <u>Chillicothe, 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		INTERVAL BETWEEN ONSET AND DEATH <u>9 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chlorophthalmia & adenocarcinoma Lencemia</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>2044</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 11-16-1951 to 1-27-1952, that I last saw the deceased alive on 1-27-1952, and that death occurred at 4:45 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>1-28-1952</u>
---	--------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/29/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laredo</u>	24d. LOCATION (City, town, or county) (State) <u>Laredo MO</u>
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>1-29-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.J. Robertson</u>	ADDRESS <u>Funeral Home - Laredo Mo</u>
---	--	--	---

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

J. Robertson

Signed.....
Student Embalmer

Licensed Embalmer No. *4788*

P. O. Address *Laredo 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.