U.S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8980

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5669 Registrar's No. 14

0570 1

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hawkpoint
c. LENGTH OF STAY (In this place): 65 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7 mi NW. of Troy Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hawkpoint
d. STREET ADDRESS (If rural, give location): 7 mi NW. of Troy Mo. 0570 1

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) MARY c. (Last) JISHE

4. DATE OF DEATH (Month) (Day) (Year): April 2 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 29 1868
9. AGE (In years last birthday): 83 — If under 1 year: Months 10, Days 3 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife at Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Joe Mallen
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: Frank Jishe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Joe Jishe — ADDRESS: Troy Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: several years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of breast — at least 5 years

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: 170 X
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 10, 1951, *to* April 2, 1952, *that I last saw the deceased alive on* March 28 1952 *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. L. Kelley (Degree or title) D.O.
23b. ADDRESS: Troy Mo.
23c. DATE SIGNED: 4-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 5, 52
24c. NAME OF CEMETERY OR CREMATORY: Mashek Cemetery
24d. LOCATION (City, town, or county) (State): Lincoln County Mo

DATE REC'D BY LOCAL REG.: 4-1-52
REGISTRAR'S SIGNATURE: Emma R. Riddle 162
25. FUNERAL DIRECTOR'S SIGNATURE: Wayne McCoy — ADDRESS: Troy Mo

(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.

Signed Wayne McCoy

Signed.....
Student Embalmer

Licensed Embalmer No. 3586

P. O. Address Troy 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.