

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0970 19031
State File No.

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6087 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural=Cambridge</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural=Cambridge</u>	
c. LENGTH OF STAY (In this place) <u>40 years</u>		d. STREET ADDRESS (If rural, give location) <u>Half mile north, State Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Half mile north, State Mo</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>Half mile north, State Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ERNEST</u> b. (Middle) <u>JACOB</u> c. (Last) <u>ISH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June - 4 - 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec - 22 - 1869</u>
9. AGE (In years last birthday) <u>82-5-12</u>		10. IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dairy</u>	
11. BIRTHPLACE (State or foreign country) <u>Near State, Saline Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Thomas H. Ish</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Ish</u>	
14. NAME OF HUSBAND OR WIFE <u>Solu Ish</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Solu Ish</u> ADDRESS <u>State 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>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u> 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"/>		4201	
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>1948</u> to <u>6-4-1952</u> , that I last saw the deceased alive on <u>6-4-</u> , 1952, and that death occurred at <u>10:35 P.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>M. C. Higgins, M.D.</u>		23b. ADDRESS <u>Slater Mo.</u>	
23c. DATE SIGNED <u>6-4-52</u>		24. DATE <u>6-6-1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Slater City Cemetery</u>	
24c. LOCATION (City, town, or county) <u>Slater Mo</u>		24d. (State) _____	
DATE REC'D BY LOCAL REG. <u>6/6/1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. Carl C. Metz</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>E. Jones</u>		ADDRESS <u>Slater Mo</u>	

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 _____

working under my personal supervision. ✓

Student
Student Embalmer

Student Embalmer No. _____ ✓

Signed James E. Jones
Licensed Embalmer No. 3143
P. O. Address Slater 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.