S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24306

State File No. .....

FILED JUL 25 1952

BIRTH NO. ..... REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5549 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Richmond
c. LENGTH OF STAY (in this place) 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R. R. #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Richmond
d. STREET ADDRESS (If rural, give location) R.R. #2

0450

3. NAME OF DECEASED (Type or Print)
a. (First) Lawrence
b. (Middle) --
c. (Last) Isaac

4. DATE OF DEATH (Month) (Day) (Year) July 18, 1952

5. SEX Male

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Jan. 22, 1906

9. AGE (In years last birthday) 46 — If under 1 year: Months 5, Days 26 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never worked

10b. KIND OF BUSINESS OR INDUSTRY -----

11. BIRTHPLACE (State or foreign country) Howard Co. Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Isaac

13b. MOTHER'S MAIDEN NAME Nora Tindall

14. NAME OF HUSBAND OR WIFE None

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 John Isaac **ADDRESS** R.R. #2 Fayette, 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) Pneumonia, bronchial — INTERVAL BETWEEN ONSET AND DEATH 3 days

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.* Mental defective - Epileptic — Life long

491x

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

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* June *19*46*, to* July 18, *19*52*, that I last saw the deceased alive on* July 18, *19*52*, and that death occurred at* 11½ A. *m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) M.D.

23b. ADDRESS Fayette Mo.

23c. DATE SIGNED 7-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7/20/52

24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery

24d. LOCATION (City, town, or county) Fayette (State) Mo.

DATE REC'D BY LOCAL REG. 7-22-52

REGISTRAR'S SIGNATURE Mary L. Shell 436

25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr **ADDRESS** Fayette, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette Me

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.