S. No. 300
v. 10.48

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

FILED DEC 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38388

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 1068

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield R. 1 ~~Rural, North Campbell~~
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Springfield R.1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield R.1 Rural, North ~~Campbell~~
d. STREET ADDRESS (If rural, give location): Springfield R.1 0390

3. NAME OF DECEASED (Type or Print)
a. (First): JACOB
b. (Middle): HAMILTON
c. (Last): ISEMINGER

4. DATE OF DEATH (Month) (Day) (Year): Nov 30 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 1 1860
9. AGE (In years last birthday): 92 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (City and State or Foreign Country): Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Iseminger
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Mrs. H.H. Iseminger R.1 — ADDRESS: Springfield 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) Arteriosclerosis Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured Hip + Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201 F
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Springfield Mo Rt. 1 — ~~Greene~~
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 - 11 52 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell at home Fracturing

22. *I hereby certify that I attended the deceased from* 8-2 *, 19*52*, to* 11-30 *, 19*52*, that I last saw the deceased alive on* 11-30 *, 19*52*, and that death occurred at* 9:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. E. Feller (Degree or title): M.D.
23b. ADDRESS: 609 Cherry Springfield, Mo.
23c. DATE SIGNED: 12-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-3-52
24c. NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery
24d. LOCATION (City, town, or county) (State): Springfield, Mo.

DATE REC'D BY LOCAL REG.: 12-2-52
REGISTRAR'S SIGNATURE: Deputy Todd Wilkinson Registrar
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J.W. Klingner & Co. Springfield. Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. C.E. Feller

JAN 3 0 1962

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 Max Rhode

Licensed Embalmer No. 4071

P. O. Address Springfield

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.