0.300
0.48

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FILED MAY 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18690

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5759 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Maries
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Stickney
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): Dry Creek Twp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dixon 0850
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): Harold
b. (Middle): Eugene
c. (Last): Isenberg

4. DATE OF DEATH (Month) 5 (Day) 9 (Year) 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: 3/1/1927
9. AGE (In years last birthday): 26 — IF UNDER 1 YEAR: Months 2, Days 8 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Army
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: Clemont Isenberg
13b. MOTHER'S MAIDEN NAME: Cora Ellen Sneed
14. NAME OF HUSBAND OR WIFE: X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Still in Service
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Cora Isenberg, Dixon, Missouri — ADDRESS:

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): Head Decapitated

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.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 163
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.): Highway 28.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Dry Creek Maries Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 9, 1953 6:00PM
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Automobile accident

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 6:00Pm., from the causes and on the date stated above.*

23a. SIGNATURE: M C Bunningham 3 (Degree or title): Coroner
23b. ADDRESS: Vienna, Missouri.
23c. DATE SIGNED: 5/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/11/1953
24c. NAME OF CEMETERY OR CREMATORY: Dixon
24d. LOCATION (City, town, or county) (State): Dixon, Missouri

DATE REC'D BY LOCAL REG.: 5-14-53
REGISTRAR'S SIGNATURE: Pauline Howard 188
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Fred H. Gilbert, Dixon, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 20 1953

MAY 1 4 1953

MAY 2

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 Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.