

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42013**

FILED DEC 22 1953

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>204</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. LENGTH OF STAY (in this place) <u>19 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		d. STREET ADDRESS (If rural, give location) <u>718 S. Clark</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Co., Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>718 S. Clark</u>			
3. NAME OF DECEASED a. (First) <u>Richard</u> (Type or Print)			b. (Middle) <u>Henry</u>			c. (Last) <u>Isaacs</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 11, 1953</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>Jan 27, 1867</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President Audrain Co. Dairy</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Gillespie, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles C. Isaacs</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Ogden</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Nellie Dey Isaacs</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>489-16-0744</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Richard Isaacs Mexico, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus Intestinal Flu.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Obstruction of Bowels</u> DUE TO (c) <u>Cyst at Head of Pancreas</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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>Dec 4, 1953</u> , to <u>Dec 11, 1953</u> , that I last saw the deceased alive on <u>Dec 11, 1953</u> , and that death occurred at <u>11:40 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. M. W. [Signature]</u>				23b. ADDRESS <u>Mexico Mo.</u>		23c. DATE SIGNED <u>12-12-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec 14, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mayfield Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Carlinville, Illinois.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 14 1953</u>		REGISTRAR'S SIGNATURE <u>Blanche Keely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Mexico</u>			

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

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APR 8 1957

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 *Clara Arnold*

Licensed Embalmer No. *3569*

P. O. Address *Muskegon*

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.