

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **4438**

BIRTH NO. **FILED FEB 16 1954** REG. DIST. NO. **104** PRIMARY REG. DIST. NO. **4176** Registrar's No. **3**

0351

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

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden Air Base	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden Air Base	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Residence		d. STREET ADDRESS (If rural, give location) 03510	

3. NAME OF DECEASED a. (First) Anna b. (Middle) Isaacs c. (Last) Isaacs			4. DATE OF DEATH (Month) (Day) (Year) Jan 19-1954		
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5. SEX ♀	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 1886-1-14	9. AGE (in years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeping at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE C.H. Isaacs	
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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 ADDRESS Rosa M Riggins Dudley	
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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) Cancer of the Stomach				INTERVAL BETWEEN ONSET AND DEATH unknown	
		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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **Dec. 24, 1952** to **Jan 18, 1954**, that I last saw the deceased alive on **Jan 18, 1954**, and that death occurred at **12:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE H O Kelly Sr (Degree or title)		23b. ADDRESS Bernie Mo. 120 544		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-21-1954		24c. NAME OF CEMETERY OR CREMATORY Malden Park Memorial N of Malden Mo		24d. LOCATION (City, town, or county) (State) Mo	
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DATE REC'D BY LOCAL REG. 2-13-54		REGISTRAR'S SIGNATURE J. W. Schumann		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas C Knight Malden Mo	
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-15-34

COUNTY FILE NUMBER 254-45

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 Thomas C. Knight

Licensed Embalmer No. 2189

P. O. Address Walden, 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.