

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**9327**

State File No. ....

No. 300  
10.48

**FILED APR 6 1954**

REG. DIST. NO. 185

PRIMARY REG. DIST. NO. 4301

Registrar's No. 2

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Linn</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Meadville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Meadville</u>	
c. LENGTH OF STAY (in this place) <u>35 yrs.</u>		0580	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No street address</u>		d. STREET ADDRESS (If rural, give location) <u>No street address</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>PHILIP</u> b. (Middle) c. (Last) <u>ISLEY</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Mar. 30, 1954</u>
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Nov. 2, 1859</u>	<b>9. AGE</b> (In years last birthday) <u>94</u> If under 1 year: Months Days If under 12 hrs: Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life even if retired) <u>Farmer (ret)</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own farm</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Galveston, Indiana</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Lewis Isley</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Hanna Plank</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Ellan (dec)</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>XX</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Troy Belshe-Meadville, Mo.</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>5 days</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Tobar Pneumonia</u>		
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>490 X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from March 26, 1954, to March 29, 1954, that I last saw the deceased alive on March 29, 1954, and that death occurred at 2:40A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Type or Print) <u>Penton Wilson, D.O.</u>	<b>23b. ADDRESS</b> <u>Linn, Mo.</u>	<b>23c. DATE SIGNED</b> <u>Mar 30, 1954</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Mar. 31, 1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Meadville cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Meadville, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Mar 30-1954</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Chris G. Matern</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Russell Gordon Chellincher, Mo.</u>	<b>ADDRESS</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Ronald Jordan

Licensed Embalmer No. 4191

P. O. Address Chellico, 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.