

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31369

State File No.

BIRTH NO. 63660-54 REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>PERRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PERRYVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW OFFENBURG MO</u>	
c. LENGTH OF STAY (in this place) <u>12 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>0951</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PERRY CO. MEMORIAL HOSP</u>			
3. NAME OF DECEASED a. (First) <u>MARY</u>		b. (Middle) <u>CATHERINE</u>	
c. (Last) <u>ISENHAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 11 1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>AUG 30 1954</u>
9. AGE (In years last birthday) <u>12 DAYS</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and State or Foreign Country) <u>PERRYVILLE MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>JOSEPH ISENHAN</u>		13b. MOTHER'S MAIDEN NAME <u>ALICE SCHWART</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Isenhan New Offenburg Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meconium Stenosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Concomitant</u> 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. <u>Ruptured ileum Plastic Peritonitis</u> 19b. MAJOR FINDINGS OF OPERATION <u>Ruptured ileum Plastic Peritonitis</u>	
19a. DATE OF OPERATION <u>Aug 31 1954</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about house, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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?	
22. I hereby certify that I attended the deceased from <u>Aug 30 1954</u> to <u>Sept 11, 1954</u> , that I last saw the deceased alive on <u>Sept 11, 1954</u> , and that death occurred at <u>8:30 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Carren MD</u> (Degree or title)		23b. ADDRESS <u>Perryville Mo</u>	
23c. DATE SIGNED <u>9-11-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>SEPT 13 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GURLEIGH HELP OF CHRISTIAN WIRKLARTER</u>	
24d. LOCATION (City, town, or county) (State) <u>MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Basher Ste. Genevieve Mo</u>	
25. ADDRESS		DATE REC'D BY LOCAL REG. <u>9-13-54</u>	
REGISTRAR'S SIGNATURE <u>Joseph Isenhan</u>		25. ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 480791
0

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 Resc. Barber

Licensed Embalmer No. 1985

P. O. Address No. 12345

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.