

FILED OCT 13 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31577

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 607d Registrar's No. 308

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Franklin</b>	
b. CITY OR TOWN <b>Farmington Rural St. Francois</b>		c. CITY OR TOWN <b>Sullivan</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>5 Yr. 0 Mo.</b>		e. STREET ADDRESS (If rural, give location) <b>030/1</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <b>Missouri State Hospital No. 4</b>					

3. NAME OF DECEASED (Type or Print) a. (First) <b>KATHERINE</b>			b. (Middle) <b>CECELIA</b>		c. (Last) <b>ISENHOWER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 30, 1954</b>						
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 10, 1900</b>		9. AGE (In years last birthday) <b>54</b>		IF UNDER 1 YEAR <b>2</b> Months	IF UNDER 1 YEAR <b>20</b> Days	IF UNDER 1 HRS. <b>12</b> Hours	IF UNDER 1 HRS. <b>12</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				

13a. FATHER'S NAME <b>Henry Voss</b>			13b. MOTHER'S MAIDEN NAME <b>Nettie Hartogg</b>			14. NAME OF HUSBAND OR WIFE <b>Harold Isenhower</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Catherine Descoteaux, Sullivan, Mo.</b>			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) <b>Dislocation of second cervical vertebra and linear fracture of skull, right parietal</b>								INTERVAL BETWEEN ONSET AND DEATH <b>abt. 12 hrs.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Accidental fall of patient, 9-30-54</b>								<b>abt. 12 hrs.</b>	
		DUE TO (c) <b>Patient slipped and fell on floor</b>								<b>abt. 12 hrs.</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Paranoid Praecox Psychosis. E9037 44</b>									

19a. DATE OF OPERATION		19b. HOW AND WHERE FOUND OR OBSERVED (Cause of death verified by coroner's inquest.)								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hospital ward</b>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Francois Twp. St. Francois Mo.</b>						
21d. TIME OF INJURY <b>9-30-54 8:50 a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR? <b>on floor. Patient slipped and fell, striking head /</b>						

22. I hereby certify that I attended the deceased from **Sept. 30, 1954**, to **Sept. 30, 1954**, that I last saw the deceased alive on **Sept. 30, 1954**, and that death occurred at **8:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John A. Brennan, M.D.</b>			23b. ADDRESS <b>State Hospital No. 4, Farmington, Mo.</b>			23c. DATE SIGNED <b>9-30-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCT. 3, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O. F. Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Sullivan, Missouri</b>			

DATE REC'D BY LOCAL REG. <b>Sept. 30, 1954</b>		REGISTRAR'S SIGNATURE <b>Ester Rudloff</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>H. W. Eaton, Sullivan, Missouri</b>			ADDRESS		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0940

OCT 19 1958

MAY 26 1958

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.....  
Signature of Student Embalmer

Signed *J. A. Humphrey*

Licensed Embalmer No. *4772*

P. O. Address *Sullivan*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.