

FILED NOV 1 - 1954

## STANDARD CERTIFICATE OF DEATH

34498

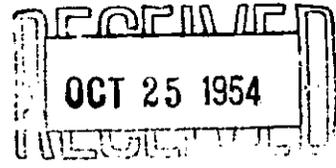
State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>135</u>		
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg,</u>		c. LENGTH OF STAY (In this place) <u>9 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg,</u>		d. STREET ADDRESS (If rural, give location) <u>223 West South, Street</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 223 West South St.</u>				d. STREET ADDRESS (If rural, give location) <u>223 West South, Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u>			b. (Middle) <u>LEE ROY</u>		c. (Last) <u>ISEMINGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16th, 1954</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>January 27, 1886</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>    </u> Days <u>    </u>	IF UNDER 24 Hrs. Hours <u>    </u> Min. <u>    </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired produce dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>poultry business</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>George T. Iseminger</u>			13b. MOTHER'S MAIDEN NAME <u>Joanna E. Shryack</u>		14. NAME OF HUSBAND OR WIFE <u>Mina D. Iseminger</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>492-18-9685</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mina D. Iseminger, Warrensburg, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Death from strangulation by hanging</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10-16-1954</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>self inflicted,</u>							
	DUE TO (c) <u>    </u>							
	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 <u>E974x</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Residence</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Warrensburg, Johnson Co. Missouri</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-16-1954</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Suicide</u>				
22. I hereby certify that I attended the deceased from <u>Viewed The remains</u> , 19 <u>    </u> , that I last saw the deceased alive on <u>10-16-</u> , 19 <u>54</u> , and that death occurred at <u>4:00A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Kelly Prachin</u> M.D.				23b. ADDRESS <u>Coroner of Johnson Co. Mo Holden, Missouri</u>		23c. DATE SIGNED <u>10-16-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-18-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Oct. 17, 1954</u>		REGISTRAR'S SIGNATURE <u>Savannah Crutchfield</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R.A. Brauninger, Warrensburg, Missouri.</u>				

(Licensed Embalmers' Statement on Reverse Side)

DEC 27 1954

FEB 28 1955



JOHNSON COUNTY HEALTH DEPT

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 W.A. Bausinger

Licensed Embalmer No. 337

P. O. Address Warrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.