

FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36458**

BIRTH NO. _____		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. <u>3004</u>		Registrar's No. <u>74</u>					
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar, Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Golden City, Missouri</u>							
c. LENGTH OF STAY (In this place) <u>Dead on Arrival</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barton Co. Memorial Hospital</u>											
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDGAR</u> b. (Middle) <u>BRITE</u> c. (Last) <u>ISENHOWER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 8 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>March 8, 1892</u>					
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>0</u>		IF UNDER 24 Hrs. Hours <u>0</u> Min. <u></u>							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture</u>		11. BIRTHPLACE (State or foreign country) <u>Milford, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>J. W. Isenhower</u>			13b. MOTHER'S MAIDEN NAME <u>Della Neas</u>			14. NAME OF HUSBAND OR WIFE <u>Fern Staats Isenhower</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>xxx</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fern Isenhower</u>				ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary infarction</u>								<u>25 hours</u>			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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 _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____			
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>Nov. 8 - 1954</u> , to <u>Nov 8, 1954</u> , that I last saw the deceased alive on <u>Nov. 8, 1954</u> , and that death occurred at <u>9:25 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Raymond A. Carlson M.D.</u>				23b. ADDRESS <u>Golden City, Mo.</u>				23c. DATE SIGNED <u>Nov. 9, 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-11-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAKE</u>		24d. LOCATION (City, town, or county) <u>Lamar, Missouri</u>		(State) _____			
DATE REC'D BY LOCAL REG. <u>NOV 10 1954</u>		REGISTRAR'S SIGNATURE <u>Marie Konantz</u>		14-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Konantz Funeral Home, Lamar, Missouri</u>		ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 7 1961

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 Norman L. Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, 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.