

FILED DEC 20 1954

STANDARD CERTIFICATE OF DEATH

5781

State File No.

40342

BIRTH NO.		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 5781		Registrar's No. 88	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Apple Creek		c. LENGTH OF STAY (in this place) 6 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Apple Creek		d. STREET ADDRESS (If rural, give location) One mile South Oak Ridge	
3. NAME OF DECEASED (Type or Print) GEORGE THOMAS ISAAC				4. DATE OF DEATH (Month) (Day) (Year) Dec 6, 1954			
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 1, 1877	
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired shoe worker		11. KIND OF BUSINESS OR INDUSTRY Shoe maker		12. CITIZEN OF WHAT COUNTRY? 1 USA	
13a. FATHER'S NAME Henry Isaac		13b. MOTHER'S MAIDEN NAME Sarah Pitmann		14. NAME OF HUSBAND OR WIFE Addie Erwin Isaac			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, service or dates of service) no none		16. SOCIAL SECURITY 490-05-4384		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Isaac Cape Girardeau Mo			
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) Heart Attack ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute indigestion - DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 Dec 3, 1954, to Dec 6, 1954, that I last saw the deceased alive on Dec 6, 1954, and that death occurred at 9:16 a.m., from the causes and on the date stated above.							
23a. SIGNATURE R. D. Blylock M.D. (Degree or title)				23b. ADDRESS Oak Ridge Mo		23c. DATE SIGNED 12-7-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 8, 1954		24c. NAME OF CEMETERY OR CREMATORY Russell Heights		24d. LOCATION (City, town, or county) (State) Jackson Mo	
DATE REC'D BY LOCAL REG. Dec 8, 1954		REGISTRAR'S SIGNATURE J. J. S. 43-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miller Jackson Mo			

(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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Jackson, 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.