

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7950**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **3023** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>803 South Third Street</b>		d. STREET ADDRESS (If rural, give location) <b>803 South Third Street</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ina</b>	b. (Middle) <b>Pearl</b>	c. (Last) <b>Nesch</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 11, 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 10, 1900</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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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 <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Crawford County, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>Charles Isenman</b>	13b. MOTHER'S MAIDEN NAME <b>Ola Rex</b>	14. NAME OF HUSBAND OR WIFE <b>Harry</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Harry Nesch</b>	ADDRESS <b>Clinton, Missouri</b>
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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>Inanition &amp; Debilitation</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>?</b>  <b>10 yrs</b>
	ANTECEDENT CAUSES <b>Metastatic carcinoma</b> DUE TO (b) _____ <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <b>Carcinoma of the breast</b> DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12-24-54**, to **2-11-55**, 19\_\_\_\_, that I last saw the deceased alive on **2-11-55**, 19\_\_\_\_, and that death occurred at **8: a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wm. C. Seedorf P. O. J.</b>	23b. ADDRESS <b>105 E. Ohio Clinton, Mo.</b>	23c. DATE SIGNED <b>2-12-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Feb. 13, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Highland Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Pittsburg, Kansas</b>
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DATE REC'D BY LOCAL REG. <b>Feb 13-55</b>	REGISTRAR'S SIGNATURE <b>Florence Adams</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Conner</b>	ADDRESS <b>Clinton, Mo.</b>
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(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 Eugene R. Cozaker

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.