

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17784

State File No. ....

FILED JUN 20 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 590

|  |  |   |   |  |   |
|--|--|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <i>Duchesne</i>   |  |   | 2. USUAL RESIDENCE (Where deceased lived. (Institution: residence before admission.)<br>a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i> |  |   |
| b. CITY OR TOWN <i>St. Joseph</i>  |  | c. LENGTH OF STAY (in this place) <i>194-9-51</i>                           | c. CITY OR TOWN <i>Independence</i>   |  | 7005  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital No 2</i>   |  |   | d. STREET ADDRESS (If rural, give location) <i>315 N. Liberty</i>   |  |   |
| 3. NAME OF DECEASED (Type or Print) <i>Ethel</i>   |  | a. (First)  | b. (Middle)   | c. (Last) <i>Ish</i>   | 4. DATE OF DEATH (Month) (Day) (Year) <i>June 15-1955</i> |
| 5. SEX <i>Female</i>   | 6. COLOR OR RACE <i>white</i>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i> | 8. DATE OF BIRTH <i>July 17-1894</i>  | 9. AGE (in years last birthday) <i>60</i>  | IF UNDER 1 YEAR Months <i>10</i> Days <i>28</i>           |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>                               | 11. BIRTHPLACE (City and State or Foreign Country) <i>Independence Mo</i>   |  | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>                |
| 13a. FATHER'S NAME <i>John Ish</i>   |  | 13b. MOTHER'S MAIDEN NAME <i>Sarah Sampson</i>                              |   | 14. NAME OF HUSBAND OR WIFE  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>   | 16. SOCIAL SECURITY NO. <i>none</i>  | 17. INFORMANT'S SIGNATURE OR NAME <i>Mrs H.L. Gordon</i>                    |   |  | ADDRESS <i>Independence Mo</i>                            |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*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  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>             |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>  | ANTECEDENT CAUSES <i>arterio sclerosis</i>   |   |   |  | DUE TO (b)  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   | DUE TO (c)   |   |   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS <i>Psychosis w/ hypopituitarism</i>   | Conditions contributing to the death but not related to the disease or condition causing death.        |   |   |  |   |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION <i>331 X</i>  |   |   | 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) 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 <i>June 1, 1955</i> , to <i>June 14, 1955</i> , that I last saw the deceased alive on <i>June 14, 1955</i> , and that death occurred at <i>12:00 A.M.</i> , from the causes and on the date stated above. |  |   |   |  |   |
| 23a. SIGNATURE <i>Thorrey Thomas M.D.</i>  |  | (Degree or title)   | 23b. ADDRESS <i>St. Joseph Mo 9. State Hosp No 2</i>  |  | 23c. DATE SIGNED <i>6/15-55</i>                           |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>  | 24b. DATE <i>18 Jun-55</i>   | 24c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>                          | 24d. LOCATION (City, town, or county) (State) <i>Indep. Mo</i>  |  |   |
| DATE REC'D BY LOCAL REG. <i>June 15, 1955</i>  | REGISTRAR'S SIGNATURE <i>Cather M. Allison</i>   | 485   | 25. FUNERAL DIRECTOR'S SIGNATURE <i>ott + Mitchell</i>  | ADDRESS <i>Indep. Mo</i>   |   |

(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 Jason T. White

Licensed Embalmer No. 4925

P. O. Address Independence 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.