

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19073

State File No. ....

FILED JUL 15 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 237

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		c. CITY OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 wks</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		e. STREET ADDRESS (If rural, give location) <u>2203 So Cedar 100<sup>th</sup></u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> p. (Middle) <u>Harvey</u> c. (Last) <u>Ishenhart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 24-1955</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>Dec-15-1890</u>		9. AGE (If years last birthday) <u>64</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>9</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Perry-Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Salesman</u>	
13a. FATHER'S NAME <u>William Ishenhart</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Maggart</u>		14. NAME OF HUSBAND OR WIFE <u>Essie J. Ishenhart</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>50-281522</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Essie J. Ishenhart</u> ADDRESS <u>South Cedar</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Post-operative shock (due to hemorrhage?)</u>		DUPLICATE OF (b) <u>Adenocarcinoma of rectum</u>		<u>15 hrs</u>	
DUPLICATE OF (c) <u>Hypertensive Cardiovascular disease</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of rectum.</u>		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) <u>154X</u>	
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>4-1955</u> , 1955, to <u>6-24-</u> , 1955, that I last saw the deceased alive on <u>6-24-</u> , 1955, and that death occurred at <u>2:35A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Vance E. Link, M.D.</u> (Degree or title)		23b. ADDRESS <u>129 West Lexington, Indep., Mo.</u>		23c. DATE SIGNED <u>6-24-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 27-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grand Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Island &amp; Speaks Indep</u> ADDRESS			

DATE REC'D BY LOCAL REG. <u>6-27-1955</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Island &amp; Speaks Indep</u> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 11 1950

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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.....  
Signature of Student Embalmer

Signed *Raymond M. Hardy*.....

Licensed Embalmer No. *4913*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.