

FILED NOV 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33012

5549 State File No. 3024
REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 86

BIRTH NO. _____

1. PLACE OF DEATH
a. COUNTY **Howard**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Howard**

b. CITY (If outside corporate limits, write RURAL and give town) **Fayette, Missouri** c. LENGTH OF STAY (In this place) **20 yrs**

c. CITY OR TOWN **Fayette** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **R. R. # 2** STREET ADDRESS (If rural, give location) **R. R. # 2** 0450

3. NAME OF DECEASED
a. (First) **NORA** b. (Middle) _____ c. (Last) **ISAAC** 4. DATE OF DEATH (Month) (Day) (Year) **Oct. 17, 1955**

5. SEX **Female** 6. COLOR OR RACE **Colored** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Oct. 3, 1885** 9. AGE (In years last birthday) **70** IF UNDER 1 YEAR Months **0** Days **14** IF UNDER 24 HRS. Hours **0** Min. **14**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House work** 10b. KIND OF BUSINESS OR INDUSTRY **Own Home** 11. BIRTHPLACE (City and State or Foreign Country) **Howard County, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Nathan Tindall** 13b. MOTHER'S MAIDEN NAME **Omey Bly** 14. NAME OF HUSBAND OR WIFE **John Isaac**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) **No.** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **John Isaac R.R. 2 Fayette, Mo.** ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute coronary occlusion**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Hypertension** DUE TO (c) **4201**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **2 hrs.**
5 yrs.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **June 19/55**, to **Oct 17**, 1955, that I last saw the deceased alive on **10-17**, 1955, and that death occurred at **1:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE **Wm J. Shaw M.D.** (Degree or title) 23b. ADDRESS **Fayette Mo.** 23c. DATE SIGNED **10-24-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **10/20/1955** 24c. NAME OF CEMETERY OR CREMATORY **City Cemetery** 24d. LOCATION (City, town, or county) (State) **Fayette, Missouri**

DATE REC'D BY LOCAL REG **10-24-55** REGISTRAR'S SIGNATURE **Mary K. Shell** 436 25. FUNERAL DIRECTOR'S SIGNATURE **Ralph A. Carr** ADDRESS **Fayette, Mo.**

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

250

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.....

Licensed Embalmer No. 38

P. O. Address Fayette

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.