.300
.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

032

State File No.

FILED JAN 16 1956

BIRTH NO. REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5247 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Salisbury
c. LENGTH OF STAY (In this place): Mon
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 24 East of Salisbury

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN: Moberly
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 430 S. 4th St. 0883 1

3. NAME OF DECEASED (Type or Print)
a. (First): IRA
b. (Middle): ODEN
c. (Last): ISLE

4. DATE OF DEATH (Month) (Day) (Year): Apr. 13th 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 24 1882
9. AGE (Last birthday): 73
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer Retired
10b. KIND OF BUSINESS OR INDUSTRY: Wabash R.R.
11. BIRTHPLACE (City and State or Foreign Country): Chariton Co Mo
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Hosh A. Isle
13b. MOTHER'S MAIDEN NAME: Fannie A. Hatterson
14. NAME OF HUSBAND OR WIFE: Daisy Isle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 703-01-1391
17. INFORMANT'S SIGNATURE OR NAME: Stan Isle
ADDRESS: Moberly 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): Natural Causes
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Probably Heart attack
DUE TO (c): 4343

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rudolph Deceased His car on Highway 24 3½ miles E of Salisbury

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) Salisbury Twp. (COUNTY) Chariton (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:40 a.m., from the causes and on the date stated above.*

23a. SIGNATURE: N. D. Drewett (Degree or title) Coroner of Chariton County
23b. ADDRESS: Keytesville Mo
23c. DATE SIGNED: Jan 13 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 16 1956
24c. NAME OF CEMETERY OR CREMATORY: High Ridge Cemetery
24d. LOCATION (City, town, or county) (State): Stanberry, Missouri

DATE REC'D BY LOCAL REG.: 1-13-56
REGISTRAR'S SIGNATURE: L. W. Hawkins 55
25. FUNERAL DIRECTOR'S SIGNATURE: Cater Funeral Home
ADDRESS: Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 17 1956

APR 9 1956

APR 30 1956 MAY 23 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....K. M. Cater.....

Licensed Embalmer No...41

P. O. Address Moberly

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.