

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 8 - 1956

State File No. **23780**

Registrar's No. **3142**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1001**

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

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. LENGTH OF STAY (In this place) 1 wk. | c. CITY OR TOWN Independence |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General #2 | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Homer | | b. (Middle) Zelmore | c. (Last) Issac |
| 4. DATE OF DEATH (Month) (Day) (Year) July 17, 1956 | | 5. SEX Male | |
| 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan 21, 1907 | 9. AGE (In years last birthday) 49 yrs. if UNDER 1 YEAR: Months _____ Days _____ if UNDER 2 HRS.: Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor | | 10b. KIND OF BUSINESS OR INDUSTRY Construction | 11. BIRTHPLACE (City and State or Foreign Country) Blackwater, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13a. FATHER'S NAME Will Issac | |
| 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Hazel Issac | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT'S SIGNATURE OR NAME Hazel Issac, wife |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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) (Min.) | | 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 7-10-56 , 19____, to 7-17-56 , 19____, that I last saw the deceased alive on 7-17-56 , 19____, and that death occurred at 5:30 A.M. , from the causes and on the date stated above. | |
| 23a. SIGNATURE W. R. Peterson (Degree or title) <i>W. R. Peterson</i> | | 23b. ADDRESS 600 East 22nd St. | 23c. DATE SIGNED 7-18-56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 7/21/1956 | 24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery | 24d. LOCATION (City, town, or county) (State) Independence, Missouri |
| DATE REC'D BY LOCAL REG. 7-20-56 | REGISTRAR'S SIGNATURE <i>Neva Marshall</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Let. Davis Funeral Home K. C. Mo.</i> | |

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 *Laudis H. Jackson*.....

Licensed Embalmer No. *4850*

P. O. Address *K.C., 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.