FILED JUL 25 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23427
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 173

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Mexico — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 205 E. Bolivar St — Length of stay in 1b 5wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN Mexico — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) R.F.D.# 3 — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First REBECCA Middle J. Last ISMAN

4. DATE OF DEATH Month July Day 16 Year 57

5. SEX Female

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Oct.27,1875

9. AGE (In years last birthday) 81 — 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) Jousekeeper

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (City and state or country) Monroe County,Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Benjiman Green

13b. MOTHER'S MAIDEN NAME Katherine Janes

14. NAME OF HUSBAND OR WIFE William T. Isman

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. None

17. INFORMANT Address W.T. Isman,Mexico,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 Mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis — 10 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease 331X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1948 to 7-16-57 and last saw her alive on 7-14-57
Death occurred at 3 - P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G. Kallenbach M.D.

22b. ADDRESS Mexico, Mo

22c. DATE SIGNED July 17, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE July 18,57

23c. NAME OF CEMETERY OR CREMATORY St. Brendan

23d. LOCATION (City, town, or county) (State) Mexico,Mo.

24. FUNERAL DIRECTOR ADDRESS Precht-Hueston,Mexico,Mo.

25. DATE RECD. BY LOCAL REG. July 18-1957

26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Earl E. Pruitt

Licensed Embalmer No. 3189

P. O. Address Mexico 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.