

FILED JAN 14 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1957  
STATE FILE NUMBER

Registration District No. 195 Primary Registration District No. 4308 Registrar's No. 4-58

300  
-57

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Noel</b>		c. CITY OR TOWN <b>Noel</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None</b>		d. STREET ADDRESS (If outside, give location) <b>Kingshighway S.</b>	
3. NAME OF DECEASED (Type or print) <b>LOUISA D. ISBELL</b>		4. DATE OF DEATH <b>I - 4 - 58</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 2, 1868</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	9. AGE (In years last birthday) <b>89</b>
11. BIRTHPLACE (City and state or country) <b>Plesantville, Ind.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Blevins</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Risley</b>	
14. NAME OF HUSBAND OR WIFE <b>Andrew Isbell</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input type="checkbox"/> No, <input checked="" type="checkbox"/> unknown) (If yes, give dates of service) <b>None</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mrs Jim Toothaker</b> Address <b>Noel, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>pulmonary embolism</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>metastatic carcinoma of lungs</b> DUE TO (c) <b>primary cancer of breast</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b> <b>6 mo</b> <b>5 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>170X</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <b>1954</b> to <b>Jan 4, 58</b> and last saw <sup>her</sup> alive on <b>Jan 4, 58</b> Death occurred at <b>12:15 a.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>L.D. Fountain</b> (Degree or title) <b>D.O.</b>		22b. ADDRESS <b>Noel Mo</b>	
22c. DATE SIGNED <b>1/14/58</b>		23a. BURIAL, CREMATION, REMOVAL <b>Removal</b>	
23b. DATE <b>I - 5-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Gilead</b>	
23d. LOCATION (City, town, or county) (State) <b>Elwin Ill.</b>		24. FUNERAL DIRECTOR <b>Humphrey &amp; Son</b> ADDRESS <b>Noel, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>Jan 10, 1958</b>		26. REGISTRAR'S SIGNATURE <b>Mary R. Bradley</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Faint, mostly illegible text at the top of the page, possibly containing names and dates.

**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. 4708  
P. O. Address Noel, Md.

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.