THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-018714
STATE FILE NUMBER

FILED MAY 28 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 258

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Joplin — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Johns hospital — Length of stay in 1b 15 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Joplin 04950 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 311 E. 39th St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First IONA Middle LEE Last ISBELL
4. DATE OF DEATH Month May Day 24, Year 1958

5. SEX female
6. COLOR OR RACE white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Nov 28, 1921
9. AGE (In years last birthday) 36 — 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) waitress
10b. KIND OF BUSINESS OR INDUSTRY cafe
11. BIRTHPLACE (City and state or country) Baxter Springs, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Edward Anderson
13b. MOTHER'S MAIDEN NAME Ursel Gilstrap
14. NAME OF HUSBAND OR WIFE Floyd Isbell

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. 488-16-0607
17. INFORMANT Floyd Isbell, Address 311 E. 39th, Joplin, 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) Generalized carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Skin metastases & lymphadenia — 2 mo.
DUE TO (c) Carcinoma cervix 171X — 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 3/8/58, to 5/24/58 and last saw her/him alive on 5/23/58
Death occurred at 1:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S H Grantham MD
22b. ADDRESS 420 Byers Ave. Joplin Mo
22c. DATE SIGNED 5/24/58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE May 26, 1958
23c. NAME OF CEMETERY OR CREMATORY Park Cemetery
23d. LOCATION (City, town, or county) (State) Carthage, Missouri

24. FUNERAL DIRECTOR KNELL MORTUARY ADDRESS Carthage, Mo
25. DATE RECD. BY LOCAL REG. 5-24-1958
26. REGISTRAR'S SIGNATURE Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

County File Number 58-5-148

Date Filed MAY 27 1957

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.