Health, Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004156

STATE FILE NUMBER

1959 FEB 6 1959 Registration District No. 339 Primary Registration District No. 6149 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Stoddard	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Duck Creek — Inside Limits ~~Yes~~ ☒ No ☒	c. CITY OR TOWN 1030 — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Puxico R#2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: Lonzo	Middle: —	Last: Isaac	4. DATE OF DEATH Month: Jan. Day: 24 Year: 1959
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Mar 20 1881	9. AGE (In years last birthday): 77 — 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): Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Ill.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: George Isaac	13b. MOTHER'S MAIDEN NAME: Not Known	14. NAME OF HUSBAND OR WIFE: Ethel Isaac		
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: Ethel Isaac Address: Puxico Mo		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hypostatic Pneumonia	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Pulmonary Carcinoma (Secondary)	Unknown
DUE TO (c)	Prostatic Carcinoma	Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 177X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 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 Jan. 14, 1959, to Jan. 24, 1959 and last saw him alive on Jan 23, 1959

Death occurred at 7:10 PM 1-24-59 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): G. Dickinson D.O.	22b. ADDRESS: Dexter, Mo.	22c. DATE SIGNED: 1/31/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1-27-59	23c. NAME OF CEMETERY OR CREMATORY: Sturdivant
23d. LOCATION (City, town, or county): Sturdivant (State): Mo		
24. FUNERAL DIRECTOR: Floyd Morgan ADDRESS: Puxico Mo	25. DATE RECD. BY LOCAL REG.: 2/3/59	26. REGISTRAR'S SIGNATURE: Pearl Reed

(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 Wm H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, 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.