

**MRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-025736**

FILED VS JUL 20 1959

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 93

STATE FILE NUMBER

INDEXED

DOCUMENT No. Birth Cert. #65719-2/3/1942  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF SON

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Johnson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrensburg</u>		Length of stay in 1b <u>1 Day</u>	c. CITY OR TOWN <u>Warrensburg</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>E. Gay R#2</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Francis</u> Middle <u>Preston</u> Last <u>Isaac</u>			<b>4. DATE OF DEATH</b> Month <u>July</u> Day <u>13</u> , Year <u>1959</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <del>May 12, 1897</del> <u>May 12, 1898</u>	<b>9. AGE</b> (last birthday) <del>62</del> <u>61</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HR</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Contractor</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Plumbing &amp; Heating</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Johnson County, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
<b>13a. FATHER'S NAME</b> <u>Robert Isaac</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>May Ford</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Hattie Isaac</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>499-16-9301</u>	<b>17. INFORMANT</b> Address: <u>Warrensburg, Missouri</u> <u>Mrs. Francis Isaac</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion with Heart Block.</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.		Month, Day, Year _____				
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>		COUNTY _____	STATE _____	
<b>21. I attended the deceased from</b> <u>7-12-59</u> to <u>7-13-59</u> and last saw him alive on <u>7-13-59</u> Death occurred at <u>12:10</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> (Degree or title) <u>R. Lee Cooper MD</u>			<b>22b. ADDRESS</b> <u>Warrensburg, Mo.</u>		<b>22c. DATE SIGNED</b> <u>7-14-59</u>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>7/16/1959</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Sunset Hill Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Warrensburg, Missouri</u>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Sweeney-Phillips Warrensburg, MO.</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>July 15, 1959</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Savannah Cuthrell</u>		

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STATE BOARD OF HEALTH  
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Morris D. Bailey

Licensed Embalmer No. 4887

P. O. Address Waverly

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.