

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-002778

FILED VS JAN 11 1960 274

Registration District No. 3052 Primary Registration District No. 4 Registrar's No.

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Length of stay in 1b		c. CITY OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 114 S. Stewart			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 114 S. Stewart		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MINNIE Middle (NMI) Last ISON				4. DATE OF DEATH January 2, 1960 Month Day Year					
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct. 21, 1903		9. AGE (last birthday) 56 IF UNDER 1 YEAR Months Days IF UNDER 24 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Homemaking		11. BIRTHPLACE (City and state or country) Greenridge, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Peter Gerdts			13b. MOTHER'S MAIDEN NAME Maria Vokelmann			14. NAME OF HUSBAND OR WIFE Edgar Ison			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mr. Edgar Ison, 114 St. Stewart				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis DUE TO (b) Carcinoma of breast DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH		
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			
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 WORK <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 December 15-1959 to Jan 2 1960 and last saw her alive on Jan 2 1960 Death occurred at 1:55 A.M. on the one stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Chas. Gordon Stauffer, M.D.				22b. ADDRESS Sedalia Mo			22c. DATE SIGNED 1-4-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 4, 1960		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) Sedalia, Mo.			
24. FUNERAL DIRECTOR ADDRESS D.W. Heckart- Gillespie Funeral Home, Sedalia, Mo.				25. DATE RECD. BY LOCAL REG. 1-4-1960		26. REGISTRAR'S SIGNATURE Francis Shelby			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 29 1960

APR 12 1960

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 Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Sedalia, 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.