

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014496

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 39 Primary Registration District No. _____ Registrar's No. 64

FILED APR 17 1962

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CASS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Harrisonville</u>		Length of stay in, 1b <u>6 months</u>	c. CITY OR TOWN <u>HARRISONVILLE</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>Johns Trailor Court</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Johns Trailor Court</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Jesse</u> Middle <u>X</u> Last <u>ISETON</u>			4. DATE OF DEATH Month <u>4</u> Day <u>10</u> Year <u>1962</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-28-1958</u>	9. AGE (last birthday) <u>3</u>	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) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>CASSPOLIS, MICHIGAN</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>Todd ISETON</u>		13b. MOTHER'S MAIDEN NAME <u>Sharon Bobo</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Todd ISETON</u>		Address <u>HARRISONVILLE, MISSOURI</u>
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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 <u>Instant</u>
IMMEDIATE CAUSE (a) <u>Suffocation</u>			
DUE TO (b) <u>By Burns</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____			

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		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Trailer Fire</u>			
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20c. TIME OF INJURY <u>9:00 a.m.</u>	Month, Day, Year <u>4-10-62</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Johns Trailor Court</u>	COUNTY <u>Cass</u>	STATE <u>MO</u>
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Steve Cummings</u>		22b. ADDRESS <u>Corona Cass Co Harrisonville MO</u>		22c. DATE SIGNED <u>4-13-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>4-14-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ORIENT Cemetery</u>	23d. LOCATION (City, town, or county) <u>HARRISONVILLE, MISSOURI</u>
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24. FUNERAL DIRECTOR <u>ATKINSON-DICKOY</u>	ADDRESS <u>HARRISONVILLE, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>April 13-1962</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Ray Sebra</u>
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(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
1 0192
2 0192
3 2
4 0
5 0
6
7 1
8 2
9 9160
10 16
11 019
12 90-3
13 1-0

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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 W. Williams

Licensed Embalmer No. 4902

P. O. Address Herrmannville, 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.