

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005355

STATE FILE NUMBER

FILED MAR 2, 1959 Registration District No. 142 Primary Registration District No. 5806 Registrar's No. 19

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-57

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>West Plains</u> c 46%	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Francis</u>		d. STREET ADDRESS <u>1014 Missouri</u>	
Length of stay in lb <u>two</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Fred Lee</u> Middle <u>Yisob</u> Last <u>Yisob</u>			4. DATE OF DEATH Month <u>1</u> Day <u>27</u> Year <u>1959</u>			
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5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-30-1914</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and state or country) <u>Maesy, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>F. A. Yisob</u>	13b. MOTHER'S MAIDEN NAME <u>Mary J. Nickel</u>	14. NAME OF HUSBAND OR WIFE <u>Gladie M. Yisob</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>Yes</u>	16. SOCIAL SECURITY NO. <u>yes</u>	17. INFORMANT <u>Gladie M. Yisob, West Plains, Mo</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: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Ruptured cerebral aneurysm</u>		<u>6 hours</u>
	DUE TO (c) <u>Congenital</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>330x</u>		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.) <u>---</u>
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20c. TIME OF INJURY Hour <u>---</u> a.m. <u>---</u> p.m. <u>---</u>	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.) <u>---</u>	20f. CITY, TOWN, OR LOCATION <u>---</u>	COUNTY <u>---</u> STATE <u>---</u>
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21. I attended the deceased from <u>1/26/59</u> to <u>1/27/59</u> and last saw him alive on <u>1/27/59</u> Death occurred at <u>3:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>M. L. Fowler M.D.</u> (Degree or title)	22b. ADDRESS <u>West Plains, Mo.</u>	22c. DATE SIGNED <u>2/23/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>1/29-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>East Creek</u>	23d. LOCATION (City, town, or county) (State) <u>West Plains, Mo</u>
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24. FUNERAL DIRECTOR <u>Robertson's Mortuary</u>	ADDRESS <u>West Plains, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>2-27-59</u>	26. REGISTRAR'S SIGNATURE <u>Laura Stuttsell</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 3 1959

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 *A. Robert* .....

Licensed Embalmer No. *3437* .....  
P. O. Address *Delaware* .....

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.