

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28597**

Registrar's No. **77**

FILED SEP 9 1948
Registration District No. **3248**

Primary Registration District No. **6146**

1. PLACE OF DEATH:

(a) County **Shelby county**
(b) City or town **Leonard, Mo. Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None** (Specify whether)
In this community **Sixty years**
years, months or days

3. (a) PRINT
FULL NAME

George Bichsel

3. (b) If veteran,

name war **X**

3. (c) Social Security No.

X

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Beatrice Bichsel** 6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased **April 21st 1866**
(Month) (Day) (Year)

8. AGE: **82** Years **3** Months **14** Days If less than one day
hr. min.

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

12. Name **Leonard Bichsel**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Katie Aster**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lewis Bichsel**

(b) Address **Leonard, Mo.**

17. (a) **Burial** (b) Date thereof **8-7-1948**
(Burial or cremation) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Michael Cnty.**

18. (a) Signature of funeral director **Million & Barkeley**

(b) Address **Shelbina, Mo.**

19. (a) **Aug 30-48** (b) **Ruth Joyner**
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shelby**
(c) City or town **Leonard, Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **5th**
year **1948** hour **7** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **July 7, 1948, to August 4, 1948**
that I last saw him alive on **Aug 4, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis Chronic Myocarditis Myocardial Failure**
Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

5 yrs

2 yrs

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury
23. Signature **Howard H. Dutton** (Physician)
Address **Rethel Mo.** Date signed **Aug 13/48**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 948-15

Date Filed SEP 7 - 1948

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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3495

P. O. Address Shelburne, N.Y.

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 this body is not embalmed, fact should be so stated above.