

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36480**

FILED DEC 1 1949

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|---|--|---|---|---|--|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>43</u> | | PRIMARY REG. DIST. NO. <u>3007</u> | | Registrar's No. <u>432</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> | | | | | |
| b. CITY OR TOWN <u>Poplar Bluff, Mo.</u> | | c. LENGTH OF STAY (in this place) <u>2 Wks.</u> | | c. CITY OR TOWN <u>Poplar Bluff, Tws.</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hosp.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>R.F.D. #5.</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar</u> b. (Middle) <u>T.</u> c. (Last) <u>Schisler</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 19 - 49</u> | | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>11-8-81</u> | | | |
| 9. AGE (In years last birthday) <u>68</u> | | IF UNDER 1 YEAR Months <u>0</u> Days <u>11</u> | | IF UNDER 1 HRS. Hours <u>11</u> Min. _____ | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Posey, Ind.</u> | | | |
| 12. CITIZENSHIP OF WHAT COUNTRY? <u>U. S. A.</u> | | | 13a. FATHER'S NAME <u>Henry Schisler</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Shelhorn</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>U. N. K.</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Eugene Schisler - R-5 - Poplar Bluff, Mo.</u> | | | | ADDRESS _____ | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lytic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Atherosclerosis -</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>4-5 years</u> <u>"</u> <u>4500</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ | | (COUNTY) _____ | | (STATE) _____ | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Frank E. Duelli M.D.</u> | | | | 23b. ADDRESS <u>Poplar Bluff, Mo.</u> | | | | 23c. DATE SIGNED <u>11/21/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11-22-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>City</u> | | 24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Nov 25 1949</u> | | REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> | | 428 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank Cotrell - Poplar Bluff, Mo.</u> | | | |

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

NOV 28 RECD
1149-433
BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

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
Student Embalmer

Signed George A. Kirby

Licensed Embalmer No. 4752

P. O. Address Poplar Bluff, 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 this body is not embalmed, fact should be so stated above.