

FILED SEP 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. 30961
216

BIRTH NO. _____ REG. DIST. NO. 392 PRIMARY REG. DIST. NO. 5649 Registrar's No. _____

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Lawrence</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Pine township</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Pine township</u> | |
| c. LENGTH OF STAY (in this place) <u>35 years</u> | | d. STREET ADDRESS (If rural, give location) <u>5 mile north West Pine City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|--|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>SCHISKA</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 6 1950</u> | | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | |
| 8. DATE OF BIRTH <u>June 9-1892</u> | | 9. AGE (in years last birthday) <u>58</u> | | 10. IF UNDER 1 YEAR Months <u>2</u> Days <u>28</u> | |
| 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 | | 11. BIRTHPLACE (State or foreign country) <u>Sheppville, Ind.</u> | |
| 12. CITIZEN OR WHAT COUNTRY <u>U.S.A.</u> | | | | | |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Joseph Schiska</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anna Buschhoff</u> | | 14. NAME OF HUSBAND OR WIFE <u>Never Married</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Willy A. Buschhoff</u> ADDRESS <u>Wentworth Mo</u> | |

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|--|--|--|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <u>Coronary Thrombosis</u> | | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | 15 yrs | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> | | | |
| | | DUE TO (c) | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | 1920 | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | | | | |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Aug 18, 1949, to Sept 6, 1950, that I last saw the deceased alive on Sept 6, 1950, and that death occurred at 6:33 P. m., from the causes and on the date stated above.

| | | | | | |
|---|--|-------------------------------------|--|--------------------------------|--|
| 23a. SIGNATURE <u>Charles A. Spears, M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Pierce City, Mo</u> | | 23c. DATE SIGNED <u>9-7-50</u> | |
|---|--|-------------------------------------|--|--------------------------------|--|

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|--|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Sept 9-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St Marys cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Pierce City, Mo</u> | | 24e. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph Wilka Bros</u> | | ADDRESS <u>Pierce City Mo</u> | |
| DATE RECD BY LOCAL REG <u>Sept 9-50</u> | | REGISTRAR'S SIGNATURE <u>John M. Davis</u> | | FURNERIAL DIRECTOR'S SIGNATURE <u>Joseph Wilka Bros</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

0550
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DIVISION OF HEALTH OF MD.

Dist. No. 5 - Springfield

RECEIVED SEP 11 1950

Dist. File 950 - 1899

Date Filed 9-19-50

SEP 22 1950

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, Edwin J. Wilks

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Edwin J. Wilks

Licensed Embalmer No. 4131

P. O. Address

Pierceton 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.