

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5242**

FILED FEB 25 1953

BIRTH NO.		REG. DIST. NO. 77	PRIMARY REG. DIST. NO. 3016	Registrar's No. 56
1. PLACE OF DEATH a. COUNTY Cole Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Wisconsin b. COUNTY Winnebago		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Mo		c. LENGTH OF STAY (In this place) 1 Day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Omro Wisconsin
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		d. STREET ADDRESS (If rural, give location) Gen Del. Omro Wis.		
3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) Herman c. (Last) Stiller		4. DATE OF DEATH (Month) (Day) (Year) Feb 27 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 22 1873	9. AGE (In years last birthday) (Specify) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and State or Foreign Country) Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Gus Stiller		13b. MOTHER'S MAIDEN NAME Mollie Hartski		14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Robert A. Stiller R-1st Barnett, Mo
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) Industrial Obstruction due to adenitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 7 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION, None		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) 5705
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		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 Jan 21, 1953 , to Jan 21, 1953 , that I last saw the deceased alive on Jan 21, 1953 , and that death occurred at 10/45 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE Marshall W. Kelly M.D.		23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED 2/22/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/26/53		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State) Omro Wisconsin				
DATE REC'D BY LOCAL REG. Feb 22-1953		REGISTRAR'S SIGNATURE R.P. Dorris M.D. - MR.		25. FUNERAL DIRECTOR'S SIGNATURE Earl Bowlin - California

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Earl Bowlin

Licensed Embalmer No. 2126

P. O. Address California

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.