

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13797

State File No. _____

FILED APR 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>80</u>			
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>					
b. CITY OR TOWN <u>Washington</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY OR TOWN <u>Washington</u>		0362			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8th. & Cedar St.</u>				d. STREET ADDRESS (If rural, give location) <u>5th. & High</u>					
3. NAME OF DECEASED a. (First) <u>Joseph</u> (Type or Print)			b. (Middle) _____			c. (Last) <u>Miesner</u>			
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>23</u>		(Year) <u>1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Aug. 26, 1887</u>			
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days <u>7</u>		IF UNDER 1 YEAR Hours _____			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Constructor Work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, Mo. R. 2</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Jacob Miesner</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY # <u>487-30-7215</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dw. J. Miesner</u>		ADDRESS <u>Washington, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental discharge of</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Rifle, Bullet entering left</u> DUE TO (c) <u>side of back and protruding</u> II. OTHER SIGNIFICANT CONDITIONS <u>in the right shoulder of the</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Hands of Nelson Eydenand</u>		E9195		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, post, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington Franklin Mo</u>		036			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr 23, 1953</u>		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 <u>7:00 AM</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Conrad P. Oltnans</u> (Degree or title) <u>3</u> <u>Croner</u>				23b. ADDRESS <u>Gerald, Mo</u>		23c. DATE SIGNED <u>Apr 24, 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 25, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lilla Ridge, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>April 24, 1953</u>		REGISTRAR'S SIGNATURE <u>E.P. Erdmann</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Diabuf & Little</u>		ADDRESS <u>Washington, Mo.</u>			

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

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(Licensed Embalmer's Statement on Reverse Side)

Witt

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.....

Lester A. Vitt

Licensed Embalmer No. *3254*

P. O. Address *Washington, D.C.*

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.