No. 300
10.48

FILED JUN 8 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18878

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5917 Registrar's No. 55

790

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

1. PLACE OF DEATH
a. COUNTY: Perry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural St Marys
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Perry
c. CITY OR TOWN:
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 0790 0

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Felix
c. (Last): Whisler

4. DATE OF DEATH (Month) (Day) (Year): May 31 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: April 19 1876
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Perry Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Peter Whisler
13b. MOTHER'S MAIDEN NAME: Margarete Tucker
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Julia Hahn Perryville Mo. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffication

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) burning of Clothing
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION: 5/31/53
19b. MAJOR FINDINGS OF OPERATION: Searing & Construction of treacher & Apex lungs. 079
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): R#1 (Home)
21c. (CITY, TOWN, OR TOWNSHIP): Perryville, R#1 (COUNTY): Perry (STATE): Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 31-1953 7 PM
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Coronor of Perry County, Mo., *19*__, *to* Coronor of Perry County, Mo., *19*__, *that I last saw the deceased alive on* Coronor of Perry County, Mo., *19*__ *and that death occurred at* 7:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: O M Weidman 3 (Degree or title) Coronor of Perry County, Mo.
23b. ADDRESS: Perryville
23c. DATE SIGNED: 6/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 3 1953
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
24d. LOCATION (City, town, or county) (State): Perryville Mo.

DATE REC'D BY LOCAL REG.: 6-2-53
REGISTRAR'S SIGNATURE: Jos J Zoellner 250
25. FUNERAL DIRECTOR'S SIGNATURE: Young & Sons Perryville Mo. ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 402

P. O. Address Perryn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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