

S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22344

State File No.

0780

JUL 3 - 1953

BIRTH NO.		REG. DIST. NO. <u>258</u>		PRIMARY REG. DIST. NO. <u>4390</u>		Registrar's No. <u>2</u>		
1. PLACE OF DEATH a. COUNTY <u>Osage</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>				
b. CITY OR TOWN <u>Meta</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Meta</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION ---				d. STREET ADDRESS (If rural, give location) ---				
3. NAME OF DECEASED (Type or Print) <u>August</u>			a. (First) <u>August</u>			b. (Middle) <u>Heisler</u>		
c. (Last) <u>Heisler</u>			4. DATE OF DEATH			(Month) <u>June</u>		
						(Day) <u>30</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>widowed</u>		8. DATE OF BIRTH <u>August 1, 1858</u>		
						9. AGE (In years last birthday) <u>94</u>		
						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) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY.			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		
						12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John Heisler</u>			13b. MOTHER'S MAIDEN NAME <u>May</u>			14. NAME OF HUSBAND OR WIFE <u>Augusta Schneider</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NO</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Frank Heisler</u>		
						ADDRESS <u>Meta, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.								
ANTECEDENT CAUSES								
DUE TO (b) <u>Gastric hemorrhage</u>								
DUE TO (c) <u>Gastric ulcer</u>								
II. OTHER SIGNIFICANT CONDITIONS								
Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
		<u>5400</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 <u>June</u> , 19 <u>52</u> , to <u>June 30</u> , 19 <u>53</u> ; that I last saw the deceased alive on <u>June 30</u> , 19 <u>53</u> , and that death occurred at <u>1:00P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Rose A Taylor M.D.</u>				23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>7-1-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 2, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Cecilia</u>		24d. LOCATION (City, town, or county) (State) <u>Meta Missouri</u>		
DATE REC'D BY LOCAL REG. <u>7-1-53</u>		REGISTRAR'S SIGNATURE <u>Rose Rowan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Kelgo</u>		ADDRESS <u>Meta, Mo</u>		

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

JUL 20 1952

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

Walter P. Hedges

Signed _____

Student Embalmer

Licensed Embalmer No. *4265*

P. O. Address. *Berlin, Md*

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.