

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24388

State File No.

FILED AUG 10 1953

BIRTH NO. REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5448 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>	
b. CITY OR TOWN <u>Stanberry Rural Higgins</u> (If outside corporate limits, write RURAL and give CITY OR TOWN) (In this place)		c. CITY OR TOWN <u>Rural N.E 6 Miles</u> (If outside corporate limits, write RURAL and give township) <u>0380</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N. E. Of Stanberry 6 miles</u> (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>Mr. Birdet Shisler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 3 1953</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>male 0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower 2</u>	8. DATE OF BIRTH <u>Feb. 23 1868</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	11. BIRTHPLACE (State or foreign country) <u>Gentry Co. Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>Israel Shisler</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hamilton</u>	14. NAME OF HUSBAND OR WIFE <u>Cora Ann Shisler Deegan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Harlan Shisler Stanberry Mo</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</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>Hypertension</u>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 1, 1953, to Aug 3, 1953, that I last saw the deceased alive on Aug 3, 1953, and that death occurred at 1.45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. N. Williamson 2 DO.</u>	23b. ADDRESS <u>Gentry Mo</u>	23c. DATE SIGNED <u>Aug 7-1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>8/5/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Stanberry, Gentry Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 5-53</u>	REGISTRAR'S SIGNATURE <u>Maudie Williams 462-</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leroy F. Phillips</u>	ADDRESS <u>Stanberry</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48
80
1

290

Joseph M. Phillips

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 *Joseph F. Phillips*

Licensed Embalmer No. *1898*

P. O. Address *Stonbury Va*

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.