

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38571**

FILED NOV 23 1953

BIRTH NO. _____		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 3015		Registrar's No. 99	
1. PLACE OF DEATH a. COUNTY Clinton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Clinton			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cameron		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cameron		d. STREET ADDRESS (If rural, give location) 413 W. 5th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION HHS West				d. STREET ADDRESS (If rural, give location) 413 W. 5th St			
3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) Schwester c. (Last) Hiser			4. DATE OF DEATH (Month) (Day) (Year) 11 20 53				
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 22 1879	
9. AGE (in years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and State or Foreign Country) Sandersville, Ga	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Wm. Hiser		13b. MOTHER'S MAIDEN NAME Mary Oude		14. NAME OF HUSBAND OR WIFE Max Hiser	
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 ADDRESS Mrs. Mary Hiser Cameron			
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) Cornary heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH fast attack 48 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Nov 17, 1953 , to Nov 19, 1953 , that I last saw the deceased alive on Nov 19, 1953 and that death occurred at 11:50 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Fred W. Dean MD				23b. ADDRESS Wintona Mo		23c. DATE SIGNED 11-20-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-22-53		24c. NAME OF CEMETERY OR CREMATORY Mt. Airy		24d. LOCATION (City, town, or county) (State) Altamont Mo	
DATE REC'D BY LOCAL REG. 11-21-53		REGISTRAR'S SIGNATURE Winnifred W. Mosher		25. FUNERAL DIRECTOR'S SIGNATURE Paul Funeral Home		ADDRESS Cameron	

(Licensed Embalmer's Statement on Reverse Side)

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

0251

0251

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 Robert F. Toland

Licensed Embalmer No. 42772

P. O. Address Camden, N.J.

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.