

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **705**

FILED JAN 25 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **83** PRIMARY REG. DIST. NO. **53/2** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Clarks Fork Twsp.</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Boonville,</b>	
c. LENGTH OF STAY (in this place) <b>20 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D. Clarks Fork Twsp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Owens home, Clarks Fork Twsp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Oscar</b> c. (Last) <b>Mischler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>January 19 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>March 30 1892</b>		9. AGE (In years last birthday) <b>61</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Moniteau County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>John Mischler</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Schilb</b>		14. NAME OF HUSBAND OR WIFE <b>Allie Swanstone Mischler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>-----</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Allie Mischler, Boonville, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		DUE TO (b) _____		<b>Just</b>	
ANTECEDENT CAUSES		DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.					

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)	
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 **June 1942** to **Jan 19, 1954**, that I last saw the deceased alive on **Jan 14, 1954**, and that death occurred at **5:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M.D. Dickreiter M.D.</b>		23b. ADDRESS <b>Boonville Mo</b>		23c. DATE SIGNED <b>1/20/54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 21 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Boonville, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>Jan 22-1954</b>		REGISTRAR'S SIGNATURE <b>U.T. Meredith 43</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Goodman &amp; Boller, Boonville, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

MAL 100

FEB

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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Roanoke, VA

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

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