

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29128

State File No. _____

FILED OCT 11 1955

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5135</u>		Registrar's No. <u>532</u>					
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Ash Hill</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 yrs</u>		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Mi East of Broseley</u>				STREET ADDRESS (If rural, give location) <u>3 Mi East of Broseley</u> <i>012th</i>							
3. NAME OF DECEASED (Type or Print) <u>George Wangler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 16 55</u>								
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-20-1880</u>					
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR (Months) <u>11</u>		IF UNDER 24 HRS. (Days) <u>27</u>		IF UNDER 24 HRS. (Hours) (Min.) _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>					
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>George Wangler</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Cecil Wangler</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>490-14-1981</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Ceci l Wangler</u>		ADDRESS <u>Fisk, Mo.</u>			
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) <u>Multiple Fractures</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>tree fell on him</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9/109</u>				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>46</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>012</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE (Deedee or title) <u>Proctor A. Sheer, Coroner</u>					23b. ADDRESS <u>Poplar Bluff, Mo</u>		23c. DATE SIGNED <u>9/18/55</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/18/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brown Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Butler, Co., Mo.</u>					
DATE REC'D BY LOCAL REG. <u>10/3/55</u>			REGISTRAR'S SIGNATURE <u>PA Mueller</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J.C. White</u>					
						ADDRESS <u>Fisk, Mo.</u>					

489-0 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
OCT 6 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

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 _____
Signature of Student Embalmer

Signed *Raymond I. Duffie*
Licensed Embalmer No. 47

P. O. Address *Berme,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.