

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File **20324**

FILED JUL 16 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **218**

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

1. PLACE OF DEATH a. COUNTY <b>Henry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Windsor</b>		c. LENGTH OF STAY (In this place) <b>1 year</b>	c. CITY OR TOWN <b>Sedalia</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Community Convalescent Home</b>			STREET ADDRESS (If rural, give location) <b>700 1/2 S Ohio 080 1/1</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>William</b> c. (Last) <b>Mackler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 8, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 17, 1880</b>	9. AGE (In years last birthday) <b>76</b>	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) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cooper County Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Mackler</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Thamel</b>		14. NAME OF HUSBAND OR WIFE <b>Julia Mackler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Not known</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Margaret Gellepke, Sedalia Mo</b> ADDRESS _____		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b> ANTECEDENT CAUSES <b>Spurting</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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
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) m.		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 <b>July 1, 1955</b> , to <b>July 8, 1956</b> , that I last saw the deceased alive on <b>July 8, 1956</b> , and that death occurred at <b>1:20 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>M. Mackler M.D.</b> (Degree or title)			23b. ADDRESS <b>Windsor Mo</b>		23c. DATE SIGNED <b>7/8/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>7-10-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo</b>	
DATE REC'D BY LOCAL REG. <b>7-9-56</b>		REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Schaub</b> ADDRESS <b>Sedalia, Mo</b>	

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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..... *W. Weckert*

Licensed Embalmer No. *34*

P. O. Address *Edale*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.