

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012905

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. Registrar's No. 31

S. 300

1-57

1. PLACE OF DEATH a. COUNTY <u>GENTRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>GENTRY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STANBERRY</u>		c. CITY OR TOWN <u>STANBERRY</u> 6380	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WILLOW ST.</u>		d. STREET ADDRESS (If outside, give location) <u>WILLOW ST.</u>	
3. NAME OF DECEASED (Type or print) First <u>ORIE</u> Middle <u>DELL</u> Last <u>SHISLER</u>		4. DATE OF DEATH Month <u>APRIL</u> Day <u>9</u> Year <u>1959</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>10-30-1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDING</u>	11. BIRTHPLACE (City and state or country) <u>STANBERRY, MO.</u>
13a. FATHER'S NAME <u>JASPER SHISLER</u>		13b. MOTHER'S MAIDEN NAME <u>EDNA FULLER</u>	14. NAME OF ~~HUSBAND~~ WIFE <u>BLANCHE SHISLER</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>488-14-1070</u>	17. INFORMANT <u>Mrs. BLANCHE SHISLER</u> Address <u>STANBERRY, MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Abdominal distention</u> DUE TO (b) <u>sepsis</u> DUE TO (c) <u>unknown</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic heart disease, decompensated</u>			INTERVAL BETWEEN ONSET AND DEATH <u>hours</u> <u>hours</u> <u>5701</u>
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>4-8-59</u> to <u>4-8-59</u> and last saw him alive on <u>4-8-59</u> Death occurred at <u>2</u> <u>500</u> <u>PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>4-15-59</u>	
22a. SIGNATURE <u>Arthur L. Carlin, M.D.</u> (Degree or title)		22b. ADDRESS <u>Stanberry, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>4-12-1959</u>	23c. NAME OF CEMETERY <u>FORD CITY, MO. CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>FORD CITY, MO.</u>
24. FUNERAL DIRECTOR <u>JOHNSON F.H., STANBERRY, MO.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>4-20-59</u>	
		26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Ball</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 18 1959

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 _____

Licensed Embalmer No. 4948

P. O. Address _____

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.