RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 13 1959 38

59–031470
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3006 Registrar's No. 476

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia
Length of stay in 1b: 48 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ~~INSTITUTION~~: Ellis Fischel State Cancer
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 206 Clay
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: James Middle: Hubert Last: Schiler
4. DATE OF DEATH: Month: October Day: 8 Year: 19 59
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-22-1905
9. AGE (last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Gasoline Pump Mechanic - California, Mo.
11. BIRTHPLACE (City and state or country): U.S.A.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Henry H. Schiler
13b. MOTHER'S MAIDEN NAME: Annie M. Schiler
14. NAME OF HUSBAND OR WIFE: Irene Schiler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489-10-0148
17. INFORMANT: Hospital Records-Highway 40, Columbia, Mo Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia + Wound Infection (15 days)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Post-Operative Condition (Radical jaw-tongue-neck dissection)
DUE TO (c): fd Epidermoid Carcinoma floor of mouth
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes mellitus
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 WORK ☐ 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 8/21/59, to 10/8/59 and last saw him alive on 10/8/59
Death occurred at 8:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: John E. Oakley (Degree or title) M.D.
22b. ADDRESS: Ellis Fischel Cancer Hospital
22c. DATE SIGNED: 10/8/59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct 10 1959
23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cem
23d. LOCATION (City, town, or county): Jefferson City (State): Mo
24. FUNERAL DIRECTOR: Thorpe J. Gordon Funeral Serv. ADDRESS: Jefferson City, Mo.
25. DATE RECD. BY LOCAL REG.: Oct 8 1959
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

VS OCT 14 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Gideon N. Houser

Licensed Embalmer No. 4579

P. O. Address Jefferson

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