

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-040806

FILED VS NOV 16 1959

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 109

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora		Length of stay in 1b 6 mon.		c. CITY OR TOWN Aurora	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 927 Griffith st.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 927 Griffith st.	
3. NAME OF DECEASED (Type or print) First HINTON Middle MILO Last MISHLER			4. DATE OF DEATH Month November Day 9 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/8/89	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months 70 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and state or country) Gainesville, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Thomas Mishler		13b. MOTHER'S MAIDEN NAME Unknown	
13c. NAME OF HUSBAND OR WIFE Ida Mishler		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		15. SOCIAL SECURITY NO. - - - - -	
16. INFORMANT Mrs. Ida M. Mishler; Aurora, Mo		17. ADDRESS - - - - -		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Congestive Heart Failure DUE TO (b) arterosclerosis DUE TO (c) Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 2:00 p.m. Month, Day, Year Nov 11 1959		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Aurora, Missouri		20g. COUNTY Lawrence		20h. STATE Missouri	
21. I attended the deceased from 28 May 1959 to 9 Nov. 1959 and last saw him alive on 9 Nov. 1959 Death occurred at 2:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) R. P. Bulick et al.		22b. ADDRESS Aurora, Missouri		22c. DATE SIGNED 11/9/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/11/59		23c. NAME OF CEMETERY OR CREMATORY Bakersfield Cemetery	
23d. LOCATION (City, town, or county) Bakersfield, Mo.		24. FUNERAL DIRECTOR Arnold's Funeral Home; Aurora, Mo.		25. DATE RECD. BY LOCAL REG. 11/11/59	
26. REGISTRAR'S SIGNATURE Orval Mc Natt					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 James D. Crofton

Licensed Embalmer No. 4668

P. O. Address Aurora

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