

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-000860

FILED VS FEB 15 1960 096

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 14

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <i>Dallas</i>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Buffalo</i>	a. STATE <i>Missouri</i>	b. COUNTY <i>Dallas</i>
Length of stay in lb <i>3 yrs</i>		c. CITY OR TOWN <i>Buffalo</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <i>HARRY</i>	Middle	Last <i>HISER</i>	Month <i>JAN</i>	Day <i>26</i>	Year <i>1960</i>
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 28, 1880</i>	9. AGE (last birthday) <i>79</i>	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) <i>milling</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Feed Flour</i>	11. BIRTHPLACE (City and state or country) <i>Abilene, Kans.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>	
13a. FATHER'S NAME <i>Lewis Frederic Hiser</i>		13b. MOTHER'S MAIDEN NAME <i>Ella May Miller</i>		14. NAME OF HUSBAND OR WIFE <i>Ella Hiser</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>Ella Hiser Buffalo, Mo.</i>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>No medical attendant</i>	
DUE TO (c)		

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 <i>8:00</i> a.m. Month, Day, Year <i>1-26-60</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at *11:30 A.M.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>L.B. Jones</i> (Degree or title) <i>Coroner</i>	22b. ADDRESS <i>Buffalo Mo</i>	22c. DATE SIGNED <i>1-27-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Jan. 29, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Rabberson Prairie</i>	23d. LOCATION (City, town, or county) (State) <i>Greene Co. Mo.</i>
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24. FUNERAL DIRECTOR <i>L.B. Jones</i> ADDRESS <i>Buffalo, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>2/10/60</i>	26. REGISTRAR'S SIGNATURE <i>Mrs Vera Petree</i>
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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 me, Student Embalmer No. ✓  
working under my personal supervision.

Student ✓  
Signature of Student Embalmer

Signed R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Buffalo,

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