

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS APR 5 1960

60-010499

Registration District No. 110 Primary Registration District No. 4187 Registrar's No. 5425 b STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY Franklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Franklin | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Beouf Township | | Length of stay in lb 9 years | c. CITY OR TOWN Beouf Township Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hi-way 155 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Hi-way 155 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last GEORGE RALPH BISCHNO | | | 4. DATE OF DEATH Month Day Year March 25, 1960 | | |
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| 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 2/16/1893 | 9. AGE (last birthday) 67 | IF UNDER 1 YEAR Months 1 Days 9 | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street commissioner | 10b. KIND OF BUSINESS OR INDUSTRY City of Pacific | 11. BIRTHPLACE (City and state or country) Sturgeon, Wisconsin | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME John Bischno | 13b. MOTHER'S MAIDEN NAME Cecelia Aurnt | 14. NAME OF HUSBAND OR WIFE Johanna Bischno |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No none | 16. SOCIAL SECURITY NO. 493-40-8602 | 17. INFORMANT Address Mrs Johanna Bischno New Haven RR Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Corbicular Decomposition | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Acute coronary Occlusion - | |
| | DUE TO (c) Arteriosclerosis | |

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| 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 |
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| 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | |
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| 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 |
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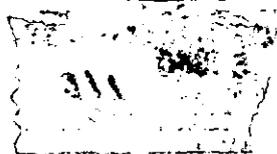
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| 21. I attended the deceased from March 26th to March 26th and last saw ^{her} him alive on March 25, 60 Death occurred at 7:30 a.m. CST m on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) J. E. Post M.D. | 22b. ADDRESS Washington Mo | 22c. DATE SIGNED 3/25/60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Mar. 28, 1960 | 23c. NAME OF CEMETERY OR CREMATORY St. Francis Cath. | 23d. LOCATION (City, town, or county) (State) Washington, Missouri |
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| 24. FUNERAL DIRECTOR ADDRESS Henry W. Otto Washington, Mo. | 25. DATE RECD. BY LOCAL REG. 3-26-1960 | 26. REGISTRAR'S SIGNATURE Lawrence Druce Deputy |
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF



VS APR 5 1960

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 Henry W. Otto

Licensed Embalmer No. 356

P. O. Address Washing

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.