

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044191
STATE FILE NUMBER

AMENDED

Registration District No. 120 Primary Registration District No. _____ Registrar's No. 1

ED JAN 9 1962

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>GENTRY</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STANBERRY</u>		c. CITY OR TOWN <u>MILAN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STANBERRY</u>		Length of stay in 1b <u>8 MONTHS</u>		d. STREET ADDRESS _____		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HARMONY HILL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS _____		(If outside, give location)	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. YEAR	
First <u>ALFRED</u>		Middle <u>EUGENE</u>		Last <u>SHISLER</u>		Month <u>DECEMBER</u> Day <u>24</u> Year <u>1961</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAU</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>APR, 29, 1889</u>	9. AGE (last birthday) <u>72</u>	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) <u>FARMER (RETIRED)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER (RETIRED)</u>		11. BIRTHPLACE (City and state or country) <u>SULLIVAN COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>CHARLES F SHISLER</u>		13b. MOTHER'S MAIDEN NAME <u>OLIVIA BACCUS</u>		14. NAME OF HUSBAND OR WIFE <u>RHODA V. 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>NONE</u>		17. INFORMANT <u>ELDON SHISLER</u> Address <u>MILAN, MISSOURI</u>			
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 <u>years</u>	
IMMEDIATE CAUSE (a) <u>Arteriosclerosis, generalized</u>							
DUE TO (b) <u>unknown</u>							
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 Hour _____ a.m. _____ p.m. Month, Day, Year _____	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 <u>9-10-61</u> to <u>12-24-61</u> and last saw him alive on <u>12-24-61</u> . Death occurred at <u>10:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Arthur L. Carlin MD</u>				22b. ADDRESS <u>Stanberry, Missouri</u>		22c. DATE SIGNED <u>12-28-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>DECEMBER 27, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>COX CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>GREEN CITY, MISSOURI</u>		
24. FUNERAL DIRECTOR <u>Johnson Funeral Homes, Stanberry, Mo.</u> ADDRESS _____				25. DATE RECD. BY LOCAL REG. <u>12-31-61</u>		26. REGISTRAR'S SIGNATURE <u>Mr. L. W. Bare</u>	

DATE PROVIDED

RECORD OF

SHOULD READ

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Robert van Johnson*

Licensed Embalmer No. 4948

P. O. Address *Stanberry*

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.