

FILED APR 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8411

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1251

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 8 YEARS	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		STREET ADDRESS (If rural, give location) 3735 Wayne	

3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) W.	c. (Last) Shisler	4. DATE OF DEATH (Month) (Day) (Year) 3 17 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN-16-1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED 28 YRS. ARMOURER SUP. PUBLIC ST. RAILWAYS	10b. KIND OF BUSINESS OR INDUSTRY METROPOLITAN INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) STANBERY MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME THOMAS J. SHISLER	13b. MOTHER'S MAIDEN NAME VASHTI CHRISTIE	14. NAME OF HUSBAND OR WIFE JULIA SHISLER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 488-28-2399A	17. INFORMANT'S SIGNATURE OR NAME MRS. JULIA SHISLER	ADDRESS 3735 WAYNE KANSAS CITY, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES		DUE TO (b) Acute and chronic pyelonephritis	
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Partial urethral obstruction	
	II. OTHER SIGNIFICANT CONDITIONS		Due to Benign prostatic hypertrophy	6/10x
	Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 8, 1955, to March 17, 1955, that I last saw the deceased alive on March 17, 1955, and that death occurred at 12:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) D	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 3-17-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAR-19-1955	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG 3-19-55	REGISTRAR'S SIGNATURE Nevada Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D.H. Newcomer	ADDRESS 1331 - BRUSH CREEK KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Chester K Brown

Licensed Embalmer No. *493*

P. O. Address *KC Mo*

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.