

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. 40037

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>372</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brown Station</u>		0100/	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles E. Still Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Main St.</u>			
3. NAME OF DECEASED (Type or Print) <u>Henry Hubert Schiler</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20, 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 26, 1871</u>	
9. AGE (In years last birthday) <u>83</u>		10. UNDER 1 YEAR (Months) (Days) <u>11 26</u>		11. UNDER 24 HRS. (Hours) (Mins.)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work if retired) <u>Retired carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>		11. BIRTHPLACE (City, and State or Foreign Country) <u>St. Elizabeth, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Hubert Schiler</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Gerling</u>		14. NAME OF HUSBAND OR WIFE <u>Annie Schiler</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Schiler Jefferson City, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs.</u>
		ANTECEDENT CAUSES DUE TO (b) <u>Congestive Heart failure</u>					<u>33 hrs</u>
		DUE TO (c) <u>Uremia</u>					<u>1 wks</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4341</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <u>12-10, 1955</u> , to <u>12-20, 1955</u> , that I last saw the deceased alive on <u>12-20, 1955</u> , and that death occurred at <u>11:55 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. Spencer McCarley</u>				23b. ADDRESS <u>2030 W. McCarty Jefferson City</u>		23c. DATE SIGNED <u>12-21-55</u>	
24a. BURIAL (CREMATION REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>Dec. 22, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Flagspring, Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>California, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>22 Dec 1955</u>		REGISTRAR'S SIGNATURE <u>R. L. Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John B. ...</u>		ADDRESS <u>Jefferson City</u>	

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
Student Embalmer

Signed

Victor Brecher

Licensed Embalmer No. 3701

P. O. Address *Jeffersonville*

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 this body is not embalmed, fact should be so stated above.