

FILED APR 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12755**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **5303** Registrar's No. **114**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write BURAL and give township) <b>Jefferson City</b> TOWN <b>Rural 4 miles west Rt C.</b>		c. CITY (If outside corporate limits, write BURAL and give township) <b>Rural 4 miles west Rt C.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4 miles west Rt C.</b>		d. STREET ADDRESS <b>Jefferson City</b> <b>1312 E. Miller St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Patesta</b> b. (Middle) <b>Joseph</b> c. (Last) <b>Schilb</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 7 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 29, 1899</b>	9. AGE (In years last birthday) <b>56</b>	10. UNDER 1 YEAR Months <b>7</b> Days <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Steppleman Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Paris, Mo. Cooper Co.</b>	
12. CITIZENSHIP OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Fred Schilb</b>	13b. MOTHER'S MAIDEN NAME <b>Leta Kitscher</b>	14. NAME OF HUSBAND OR WIFE <b>Dora Schilb</b>
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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) <b>WW 1</b>	16. SOCIAL SECURITY NO. <b>487-01-6138</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dora Schilb</b>	ADDRESS <b>Jefferson City, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured Neck</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>But on Right cheek</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>8234</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>32</b> (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Ran off Road in Automobile</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to **4-7**, 19**56**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **work** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. G. Bruce</b> (Degree or title)	23b. ADDRESS <b>234 Madison</b>	23c. DATE SIGNED <b>4-8-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 10 1956</b>	24c. NAME OF CEMETERY OR CREMATOR <b>National Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Jefferson City, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>10 April 1956</b>	REGISTRAR'S SIGNATURE <b>R. P. Davis md-MR.</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Nelso Buescher &amp; Co</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

67-6

APR 17 1973

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 Buescher*

Licensed Embalmer No.

3701

P. O. Address

*Jefferson*

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.