V.S. No. 300
Rev. 10.48

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31815

BIRTH NO. _____ REG. DIST. NO. 304 PRIMARY REG. DIST. NO. 6046 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Callaway)
c. LENGTH OF STAY (In this place): 16 months
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1 mile West of New Melle,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Callaway) 0920 2
d. STREET ADDRESS (If rural, give location): Mo. 1 mile West of New Melle, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Henry c. (Last) Roesler
4. DATE OF DEATH (Month) (Day) (Year): Sept. 18 1956
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 7
8. DATE OF BIRTH: April 24, 1895
9. AGE (In years last birthday): 61 — If under 1 year: Months 4, Days 24 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist Oil
10b. KIND OF BUSINESS OR INDUSTRY: Refinery
11. BIRTHPLACE (City and State or Foreign Country): Hannibal, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: John Roesler
13b. MOTHER'S MAIDEN NAME: Christine Weber
14. NAME OF HUSBAND OR WIFE: Edna Roesler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488-05-9401
17. INFORMANT'S SIGNATURE OR NAME: Mrs Edna Roesler — ADDRESS: New Melle, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary thrombosis
DUE TO (c) Arteriosclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4200
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to* 9-18, 1956, *that I last saw the deceased alive on* 9-18, 1956, *and that death occurred at* 9:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Warren B. Hamilton, D.O. (Degree or title)
23b. ADDRESS: Wentzville, Missouri
23c. DATE SIGNED: 9-19-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 20, 1956
24c. NAME OF CEMETERY OR CREMATORY: Mount Olivet
24d. LOCATION (City, town, or county) (State): Hannibal, Missouri

DATE REC'D BY LOCAL REG.: Sept 19 1956
REGISTRAR'S SIGNATURE: Martin F. Greff
25. FUNERAL DIRECTOR'S SIGNATURE: Irvin Muschany — ADDRESS: Wentzville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

408

SEP 25 1956

FEB 18 1959

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 Howard O Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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 this body is not embalmed, fact should be so stated above.