

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3573**

**FILED FEB 13 1957**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **879** PRIMARY REG. DIST. NO. **6282** Registrar's No. **195**

1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>WRIGHT</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>NORWOOD</b>		c. LENGTH OF STAY (in this place) <b>30yr</b>	c. CITY OR TOWN <b>NORWOOD</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MAIN STREET</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) <b>1140</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WILLIAM</b>	b. (Middle) <b>WILSON</b>	c. (Last) <b>MISHLER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 26 1957</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JAN. 7, 1877</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>LISCOMB IOWA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JOSEPH MISHLER</b>	13b. MOTHER'S MAIDEN NAME <b>LURANA ARNEY</b>	14. NAME OF HUSBAND OR WIFE <b>EVA V. MILLER MISHLER</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>William Mishler</b>	ADDRESS <b>Norwood 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Not known</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>		
	DUE TO (c) _____		
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 _____	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) <b>4201</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **11-10**, 19**56**, to **1-26**, 19**57**, that I last saw the deceased alive on **1-25**, 19**57**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. Connor</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Mountain Pine Mo</b>	23c. DATE SIGNED <b>1-29-57</b>
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24a. BURIAL, CREMATION, REMOVAL (By City) <b>Burial</b>	24b. DATE <b>1-30-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE</b>	24d. LOCATION (City, town, or county) (State) <b>WRIGHT MO.</b>
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DATE REC'D BY LOCAL REG. <b>1-8-57</b>	REGISTRAR'S SIGNATURE <b>W. Connor</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Rev. Book</b>	ADDRESS <b>Wright, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FEB 16 1938

RECEIVED  
WRIGHT CO. HEALTH DEPT.  
COUNTY FILE NUMBER  
6-5-37  
2-9-37  
2-5-37  
2-5-37

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.....  
*Rief Barb*

Licensed Embalmer No. 38  
P. O. Address *me...*

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.