pt. Health,
., & Welfare
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43781
STATE FILE NUMBER

Registration District No. 65 Primary Registration District No. 5250 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: CHARITON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: BRUNSWICK TWSP. Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3½ mile North of Brun. Length of stay in 1b: 6 1 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: CHARITON
c. CITY OR TOWN: BRUNSWICK Inside Limits Yes ☐ No ☒
d. STREET ADDRESS: 3½ mile North Brunswick (If outside, give location) Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: EMMA Middle: AGNES Last: SYLER
4. DATE OF DEATH Month: DEC. Day: 12 Year: 1957
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐
8. DATE OF BIRTH: SEPT. 26, 1865
9. AGE (In years last birthday): 92 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (City and state or country): WOOSTER, OHIO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: ABRAHAM BACHTEL
14. MOTHER'S MAIDEN NAME: EMMA AGNES OVERHOLDT
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.: NONE
17. INFORMANT Address: FRANK SYLER, BRUNSWICK, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Dissecting aortic aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Advanced arteriosclerosis — 25 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 451X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-10-57, to 12-12-57 and last saw her alive on 12-12-57
Death occurred at 5:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M. D.
22b. ADDRESS: Brunswick, Mo
22c. DATE SIGNED: 12-13-57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: DEC. 15, 1957
23c. NAME OF CEMETERY OR CREMATORY: NEWCOMER CEMETERY
23d. LOCATION (City, town, or county) (State): CHARITON COUNTY, MISSOURI
24. FUNERAL DIRECTOR ADDRESS: Heisel Funeral Home, Brunswick, Mo.
25. DATE RECD. BY LOCAL REG.: 12-15-57
26. REGISTRAR'S SIGNATURE: Mildred Boone

(Licensed Embalmer's Statement on Reverse Side)

56-5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William R. Ko

Licensed Embalmer No. 475

P. O. Address Brunswick

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.