

FILED SEP 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. 30961

0550

BIRTH NO. _____ REG. DIST. NO. 392 PRIMARY REG. DIST. NO. 5649 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Pine Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pine Township</u>	
c. LENGTH OF STAY (in this place) <u>35 years</u>		d. STREET ADDRESS (If rural, give location) <u>5 mile north West Pine City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>SCHISKA</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 6 1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 9-1892</u>
9. AGE (In years, last birthday) <u>58</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Sheppville, Ind.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joseph Schiska</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Busch</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes World War I</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter A. Busch</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.		19. MEDICAL CERTIFICATION DUE TO (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>120</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (COUNTY) (STATE)	
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?	
22. I hereby certify that I attended the deceased from <u>Aug 18</u> , 1949, to <u>Sept 6</u> , 1950, that I last saw the deceased alive on <u>Sept 6</u> , 1950, and that death occurred at <u>6:33 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles A. Spears, M.D.</u>		23b. ADDRESS <u>Pierce City, Mo</u>	23c. DATE SIGNED <u>9-7-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 9-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Marys cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pierce City, Mo</u>
DATE RECD BY LOCAL REG <u>Sept 9-50</u>	REGISTRAR'S SIGNATURE <u>John M. Davis</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Walter A. Busch</u>	
ADDRESS <u>Pierce City, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

Dist. File No. 5 - Springfield

RECEIVED SEP 11 1950

Dist. File 950 - 1899

Date Filed 9-19-50

SEP 22 1950

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, Edwin J. Wilks

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed

Licensed Embalmer No. 4131

P. O. Address Springfield 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.