

5. No. 300
V. 10. 48

FILED JAN 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1149
Registrar's No. 3

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Amelia	b. (Middle) A.	c. (Last) Schlueter	4. DATE OF DEATH (Month) (Day) (Year)
				Jan. 3 1949

5. SEX fem /	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-30-1860	9. AGE (In years last birthday) 88	10. UNDER 1 YEAR Months 1	11. UNDER 1 YEAR Days 3	12. UNDER 1 HR. Hours	13. UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ironton Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Henry Mitchell	13b. MOTHER'S MAIDEN NAME Margaret Dinger	14. NAME OF HUSBAND OR WIFE Henry Schlueter
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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) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert L. Rasche Gray Ridge Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, lobar		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) H917 DUE TO (c) Chronic myocarditis. Arterio-sclerosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Dec. 28, 1948, to Jan. 3, 1949, that I last saw the deceased alive on Jan. 2, 1949, and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ben W. Bull, M.D.	23b. ADDRESS Ironton, Mo.	23c. DATE SIGNED 1-7-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1-5-49	24c. NAME OF CEMETERY OR CREMATORY Masonic	24d. LOCATION (City, town, or county) (State) Ironton Missouri
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DATE REC'D BY LOCAL REG. Jan 10-49	REGISTRAR'S SIGNATURE Mrs. Aris Jones 128	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Ironton Mo.
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(Licensed Embalmer's Statement on Reverse Side) W.F. White

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

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LIVED

Health Officer No. 4
Number 149-82
1-14-49

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.

Signed Carcel White.....

Licensed Embalmer No. 3012.....

P. O. Address Proton Inc......

Signed.....
Student Embalmer

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.