

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11926

State File No. ....

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

BIRTH NO. _____		REG. DIST. NO. <u>84</u>		PRIMARY REG. DIST. NO. <u>5316</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Clear Creek Twp</u>		c. LENGTH OF STAY (In this place) <u>46</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Clear Creek Twp</u>		27	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pilot Grove Rural</u>				d. STREET ADDRESS (If rural, give location) <u>Near Pilot Grove</u>			
3. NAME OF DECEASED (Type or Print) <u>OLLIE-LULA-SCHLOTZHAUER</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 28-1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb-10-1882</u>	
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Union City Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>William Straub</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Schlotzhauser</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred Schlotzhauser Pilot Grove Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion, acute</u>		ANTECEDENT CAUSES				<u>1/2 hour</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Hypertension</u>				<u>3-4 yrs</u>	
		DUE TO (c) <u>Thyrotoxicosis</u>				<u>1 Year</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				<u>2521</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) (m.)		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>4/26</u> , 19 <u>49</u> , to <u>4/28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4/27</u> , 19 <u>49</u> , and that death occurred at <u>5:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. H. Humphreys M.D.</u>				23b. ADDRESS <u>Pilot Grove Mo</u>		23c. DATE SIGNED <u>April 29, 1949</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 30 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Near Pilot Grove Mo</u>	
DATE REC'D BY LOCAL REG <u>Apr 30 1949</u>		REGISTRAR'S SIGNATURE <u>Hellie Thullett</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hays &amp; Painter Pilot Grove Mo</u>			

RECEIVED MAY 11

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-11-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by myself or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 3274

P. O. Address Pilot Grove, 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.