

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30057

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY IRON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY IRON	
b. CITY (If outside corporate limits, write RURAL and give township) IRONTON		c. CITY (If outside corporate limits, write RURAL and give township) IRONTON	
c. LENGTH OF STAY (in this place) 65 YRS		d. STREET ADDRESS (If rural, give location) 519 No. Main St.	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) UNK c. (Last) SCHLUETER		4. DATE OF DEATH (Month) (Day) (Year) 19 II 49	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH OCT. 1884
9. AGE (In years last birthday) 64	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR	11. BIRTHPLACE (State or foreign country) IRONTON MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME HENRY SCHLUETER		13b. MOTHER'S MAIDEN NAME AMELIA MITCHELL	
14. NAME OF HUSBAND OR WIFE		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. NONE		17. INFORMANT'S SIGNATURE OR NAME <i>Robert Rasche</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ACUTE ALCOHOLIC		ADDRESS <i>Gauss Ridge Mo.</i> INTERVAL BETWEEN ONSET AND DEATH 4201	
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) FOUND DEAD	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) AT HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) IRONTON IRON MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) SEPT II 49 12:00m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 47		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 9-10 , 19 49 , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <i>Ed. Haskell</i> 3 CORONER		23b. ADDRESS IRONTON MO	
23c. DATE SIGNED 9/II/49		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 9/II/49		24c. NAME OF CEMETERY OR CREMATORY MASONIC	
24d. LOCATION (City, town, or county) (State) IRONTON MISSOURI.		25. FUNERAL DIRECTOR'S SIGNATURE <i>Howell</i>	
DATE REC'D BY LOCAL REG. Sept. 14, 1949		REGISTRAR'S SIGNATURE <i>Miss Ann Jones</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Howell</i>		ADDRESS IRONTON MO	

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

47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-19-49

District Health Officer No. 4

Permit File Number 949-122

Date 10/10/49

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, C.A. Howell

Student Embalmer No. _____

Working under my personal supervision.

Student
Student Embalmer

Signed C.A. Howell

Licensed Embalmer No. 3670

P. O. Address Groton MD

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.