

FILED MAY 12 1950

## STANDARD CERTIFICATE OF DEATH

State File No.

14048

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>4408</u>		Registrar's No. <u>170</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithton</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural and in Smithton</u>		0000	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at his home</u>				d. STREET ADDRESS (If rural, give location) <u>S. H. Part</u>			
3. NAME OF DECEASED (Type or Print) <u>EDWARD</u>		a. (First)		b. (Middle) <u>H</u>		c. (Last) <u>SCHLOTZHAUER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>7</u> <u>1950</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Nov 18-1872</u>		9. AGE (in years last birthday) <u>77</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u>		11. IF UNDER 14 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming + Raising Cattle</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Pilot Grove Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Henry</u>		13b. MOTHER'S MAIDEN NAME <u>Kathryn Kahrs</u>		14. NAME OF HUSBAND OR WIFE <u>Fattie</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 <u>Mrs Fattie Schlotzhauser</u>		ADDRESS <u>Smithton</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Liver</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma prostatic gland</u> DUE TO (c) <u></u> 2. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>177X</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>4-4</u> , 19 <u>50</u> , to <u>4-7</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-7</u> , 19 <u>50</u> , and that death occurred at <u>11:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <u>W. B. Boger MD</u>				23b. ADDRESS <u>Seaside, Mo.</u>		23c. DATE SIGNED <u>4-8-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smithton</u>		24d. LOCATION (City, town, or county) (State) <u>Smithton Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-2-1950</u>		REGISTRAR'S SIGNATURE <u>W. C. Campbell MD</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Penney</u>		ADDRESS <u>Smithton Mo</u>	

(Licensed Emballer's Statement on Reverse Side)

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

MAY 9

RECEIVED

District Health Officer No. 8,

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

Date Filed 5/9/50

VS  
MAR 21 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, or by \_\_\_\_\_

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

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed A. F. Neumeyer

Licensed Embalmer No. 3912

P. O. Address Smithton 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.