

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **17235**

No. 300
10.48

FILED MAY 24 1950

BIRTH NO. _____ REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5594** Registrar's No. **38**

| | | | |
|--|---|---|-------------------------------|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance) | |
| a. COUNTY JEFFERSON | b. CITY OR TOWN RURAL MERAMEE | a. STATE MO | b. COUNTY JEFFERSON |
| c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION OWN HOME | | d. STREET ADDRESS (If rural, give location) NEAR BYRNESVILLE MO | |

| | | | | | |
|--|---|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) MARGARETTA ANN | b. (Middle) | c. (Last) SCHLOSSER | (Month) 5 | (Day) 15 | (Year) 1950 |
| 5. SEX F | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW | 8. DATE OF BIRTH JUNE 27 1880 | 9. AGE (In years last birthday) 69 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME | 11. BIRTHPLACE (State or foreign country) FRANKLIN Co. - MO | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

| | | | |
|---|--|---|--|
| 13a. FATHER'S NAME ELIJA PLOENHOUR | 13b. MOTHER'S MAIDEN NAME ELIZABETH LAUTT | 14. NAME OF HUSBAND OR WIFE FRED SCHLOSSER (DEC) | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. NO | 17. INFORMANT'S SIGNATURE OR NAME Melba Schlosser Catawasa MO RR 1 | |

| | | | |
|--|---|--|--|
| 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 | | INTERVAL BETWEEN ONSET AND DEATH 4222 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Broncho Pneumonia | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DO (b) Chronic Myocarditis | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | |
|--|--|--|
| 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., to 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 July 1950, to May 8, 1950, that I last saw the deceased alive on May 8, 1950, and that death occurred at 6:40 p.m., from the causes and on the date stated above.

| | | | |
|---|--|--|---|
| 23a. SIGNATURE J. B. Edwards, M.D. | (Degree or title) | 23b. ADDRESS Edzor Hill Mo | 23c. DATE SIGNED 5/17/50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 5/18/50 | 24c. NAME OF CEMETERY OR CREMATORY ST MARTINS CEM | 24d. LOCATION (City, town, or county) (State) DITTMER MO |
| DATE REC'D BY LOCAL REG. 5/17/50 | REGISTRAR'S SIGNATURE Mrs Ruth J. ... | 438 | 25. FUNERAL DIRECTOR'S SIGNATURE John ... |

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

500

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 5-25-60

APR 25 1960

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....
Student Embalmer No.....
Licensed Embalmer No. 4053
P. O. Address.....

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.