S. No. 300
Rev. 10.48

FILED JUN 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22460

BIRTH NO. _____ REG. DIST. NO. 335 PRIMARY REG. DIST. NO. 6118 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL (SLYVANIA)
c. LENGTH OF STAY (In this place): 27yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. F. D. #1 PAINTON, MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL (SLYVANIA) 1000
d. STREET ADDRESS (If rural, give location): R. F. D. #1 PAINTON, MO.

3. NAME OF DECEASED (Type or Print): a. (First) LEO b. (Middle) c. (Last) SCHOTT
4. DATE OF DEATH (Month) (Day) (Year): MAY 22 1950
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: NOVEMBER 14 1867
9. AGE (In years last birthday): 82 — If under 1 year: Months 6 Days 7 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: LEO SCHOTT
13b. MOTHER'S MAIDEN NAME: VICTORIA BRUCKER
14. NAME OF HUSBAND OR WIFE: THERESIA SCHOTT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: MRS. THEO. KIELHOFNER ADDRESS: PAINTON, MO

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus — 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)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Leg Amputation — 2 loc X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — , 19~~49~~, *to* 5/22, 1950, *that I last saw the deceased alive on* 5/11, 1950, *and that death occurred at* 4:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. A. Clines (Degree or title) MD
23b. ADDRESS: Oran Mo
23c. DATE SIGNED: 5/22/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: May 24 1950
24c. NAME OF CEMETERY OR CREMATORY: OLD GUARDIAN ANGELS
24d. LOCATION (City, town, or county) (State): ORAN SCOTT CO. MO.

DATE REC'D BY LOCAL REG.: 6/2/50
REGISTRAR'S SIGNATURE: Grace B. MacGreedy 298
25. FUNERAL DIRECTOR'S SIGNATURE: Earl J. Smith ADDRESS: ORAN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 5 1950
SCOTT COUNTY HEALTH CE

CO. FILE NO. 650-5

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.

Student Embalmer No. .....

Signed Earl J. Smith

Signed .....
Student Embalmer

Licensed Embalmer No. 3676

P. O. Address Oran 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.