

FILED DEC 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. 36536

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5316 Registrar's No. 27

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) <u>Rural - Clear Creek Sup. 4442</u>		c. LENGTH OF STAY (in this place) <u>44 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Clear Creek</u>		d. STREET ADDRESS (If rural, give location) <u>Near Pleasant Green, Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant Green Mo - RFD</u>					

3. NAME OF DECEASED a. (First) <u>JAMES</u> b. (Middle) <u>- HENRY -</u> c. (Last) <u>SCHLOTZHAUER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV - 28 - 1950</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>w.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct - 27 - 1867</u>	9. AGE (In years, last birthday) (Months) (Days) (Hours) (Min.) <u>83 - 1 - 1</u>
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10a. USUAL OCCUPATION (Give kind of work describing most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Schlotzhauser</u>	13b. MOTHER'S MAIDEN NAME <u>Improver</u>	14. NAME OF HUSBAND OR WIFE <u>Jettie Schlotzhauser</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>X Harry Schlotzhauser</u>	ADDRESS <u>Pleasant Green Mo.</u>
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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) <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>592 X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Chronic Nephritis and Chronic Myocarditis</u>		
	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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-30, to 11-21, 1950, that I last saw the deceased alive on 11-21, 1950, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles Sandy</u>	(Degree or title) <u>Pilot</u>	23b. ADDRESS <u>Group Mo</u>	23c. DATE SIGNED <u>11-29-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Nov-30-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel Cems.</u>	24d. LOCATION (City, town, or county) (State) <u>Pilot Grove Cooper - Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 29 - 1950</u>	REGISTRAR'S SIGNATURE <u>Hellie Hullett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Schlotzhauser</u>	ADDRESS <u>Pilot Grove Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

276

RECEIVED 12/2/80
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 12/2/80

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 _____

Muel

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Peyton E. Hays*

Licensed Embalmer No. 3074

P. O. Address *Pilot Grove, Wisc.*

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.