

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **33048**

FILED OCT 23 1951

BIRTH NO. _____		REG. DIST. NO. <u>87</u>		PRIMARY REG. DIST. NO. <u>5324</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY Crawford				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo. b. COUNTY Crawford			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Home RURAL-BOONE		c. LENGTH OF STAY (in this place) 15 yrs		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Boone Township			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) Bourbon, Mo. #2			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) G c. (Last) Schlueter			4. DATE OF DEATH (Month) (Day) (Year) Oct. 15 1951				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 15, 1878		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MIN. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Elizabeth Schlueter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Walter Schlueter ADDRESS Sullivan, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES General arteriosclerosis Morbidity 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.					INTERVAL BETWEEN ONSET AND DEATH 10 days yr.
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)		334X	
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?			
22. I hereby certify that I attended the deceased from 10/7 , 1951, to 10/15 , 1951, that I last saw the deceased alive on 10/15 , 1951, and that death occurred at 11:05A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Walter Schlueter				23b. ADDRESS Sullivan, Mo.		23c. DATE SIGNED 10/16/51	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)		24b. DATE Oct. 18, 1951	24c. NAME OF CEMETERY OR CREMATORY Old St. Marcus		24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE REC'D BY LOCAL REG. 10/16/51		REGISTRAR'S SIGNATURE Walter Schlueter		25. FUNERAL DIRECTOR'S SIGNATURE Walter Schlueter ADDRESS Sullivan, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

File No. ---
DISTRICT HEALTH OFFICE No. 4

OCT 20 1951

RECEIVED

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. 437

working under my personal supervision.

Student Warren, C. Kraft
Student Embalmer

Signed

J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Sullivan, 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.