

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

34075

State File No.

Registrar's No. 204

No. 300
10.48

FILED NOV 14 1951

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>	
c. LENGTH OF STAY (In this place) <u>70 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1320 S. Main St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1320 S. Main St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dr. JOHN</u>	b. (Middle) <u>HENRY</u>	c. (Last) <u>SCHLECHT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 28, 1951</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>widowed</u>	8. DATE OF BIRTH <u>Jan 22, 1881</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>dentist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>dentistry</u>	11. BIRTHPLACE (State or foreign country) <u>Carthage, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jacob Schlecht</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Luton</u>	14. NAME OF HUSBAND OR WIFE <u>Alma Putnam Schlecht</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W.P. Schlecht</u>	ADDRESS <u>1415 Garrison, Carthage, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis?</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) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Patient found dead on couch. Apparently died in sleep.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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) m.	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 July 8, 1950, to Jan 9, 1951, that I last saw the deceased alive on Oct 27, 1951, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Russell Smith</u> (Degree or title)	23b. ADDRESS <u>Carthage, Mo.</u>	23c. DATE SIGNED <u>10-29-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>	24b. DATE <u>10-30-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newcomers Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-28-51</u>	REGISTRAR'S SIGNATURE <u>W. Russell Smith, MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary, Carthage, Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11-13-57
Jasper County Health Office

County File Number 51/11/842

Date Filed 11-13-57

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 Ira E. Meadows

Licensed Embalmer No. 4637

P. O. Address Carthage, 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.