

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34198**

FILED OCT 26 1951

BIRTH NO. _____ **REG. DIST. NO.** 174 **PRIMARY REG. DIST. NO.** 3035 **Registrar's No.** 106

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL or TOWN) <u>Higginsville (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Higginsville (Davis) Twn.</u>	
c. LENGTH OF STAY (in this place) <u>56 year</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles S.W. Higginsville,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Schierloh</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 10 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>never married</u>	8. DATE OF BIRTH <u>November 13, 1888</u>
9. AGE (In years last birthday) <u>62</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer-Mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own shop</u>	11. BIRTHPLACE (State or foreign country) <u>Brenan, Germany</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer-Mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own shop</u>	11. BIRTHPLACE (State or foreign country) <u>Brenan, Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>yes</u>
13a. FATHER'S NAME <u>Cord Henry Schierloh</u>		13b. MOTHER'S MAIDEN NAME <u>Marguerite Schumacher</u>	
14. NAME OF HUSBAND OR WIFE <u>Unmarried</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>1st World War</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Henry Schierloh - Las Cruces, N. M.</u>		ADDRESS <u>Las Cruces, N. M.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Head injury sustained</u> DUE TO (c) <u>falling from tank car in rear road yards</u>		<u>E800X</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cop in rear road yards</u>		<u>35</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no surgery Higginsville, Mo</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Higginsville, Mo</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Higginsville, Laf. Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 1st '51 8 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell from railroad tank car</u>	
22. I hereby certify that I attended the deceased from death (or death) 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. E. Williams</u>		23b. ADDRESS <u>0 1/2 S. Main</u>	23c. DATE SIGNED <u>10-10-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 5th 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u>	24d. LOCATION (City, town, or county) (State) <u>Higginsville, Missouri</u>
DATE REC'D BY LOCAL REG. <u>10-25-51</u>	REGISTRAR'S SIGNATURE <u>Thomas Eastabrook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. ...</u> ADDRESS <u>Higginsville, Mo.</u>	

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

540

RECEIVED

OCT 25 1951

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed OCT 25 1951

OCT 26 1951

NOV 16 1951

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.

Signed

Arvid Rickhof

Signed Student Embalmer

Licensed Embalmer No. 4284

P. O. Address Higginsville, Missouri

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.