

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

505

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>	
c. LENGTH OF STAY (in this place) <u>8 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1511 Rand Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1511 Rand Street</u>		d. STREET ADDRESS <u>1511 Rand Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Waldon</u> b. (Middle) <u>J</u> c. (Last) <u>Schleinger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14, 1952</u>	
5. SEX <u>Male</u> COLOR OR RACE <u>White</u>		7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 8, 1923</u>		9. AGE (In years last birthday) <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Transformers</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Electric Co</u>	
11. BIRTHPLACE (State or foreign country) <u>Scopus, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Fred Schleinger</u>		13b. MOTHER'S MAIDEN NAME <u>Mae Angle</u>	
14. NAME OF HUSBAND OR WIFE <u>Gail Schleinger</u>			
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>498-24-4978</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gail Schleinger</u>		ADDRESS <u>Cape Gir., Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Heart Disease</u> 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.	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>12-31</u> , 19 <u>51</u> , to <u>death</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-3</u> , 19 <u>52</u> , and that death occurred at <u>2:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>O. Harold Redner M.D.</u>		23b. ADDRESS <u>Cape Girardeau, Mo.</u>	
23c. DATE SIGNED <u>1-4-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 16, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hurricane Fork Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>near Lutesville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-4-1952</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard R. Haman</u>		ADDRESS <u>Cape Gir., Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0104/1

Dr. Redner

MIN 28 1952

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 Howard R. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.