

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1953

BIRTH NO. _____ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 5106 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Cole Township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cole Township	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 18 mi. SE of Cole Camp	
d. FULL NAME OF HOSPITAL OR INSTITUTION 18 miles SE of Cole Camp		d. STREET ADDRESS (If rural, give location) 18 mi. SE of Cole Camp	

3. NAME OF DECEASED (Type or Print) a. (First) Amos b. (Middle) Louis c. (Last) Schlesselman	4. DATE OF DEATH (Month) (Day) (Year) Jan. 17, 1953
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 22, 1890	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 3 Days 25	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Louis Schlesselman	13b. MOTHER'S MAIDEN NAME Mary Bahrenburg	14. NAME OF HUSBAND OR WIFE Clara Schumaker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clara Schumaker Stover, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH immediate
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Insufficiency DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION None	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 **9-22, 1952** to **Jan, 1953**, that I last saw the deceased alive on **12-29, 1952**, and that death occurred at **11 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert Raymond Lytle (Degree or title)	23b. ADDRESS Ver sailers, Mo.	23c. DATE SIGNED 1-19-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 19, 1953	24c. NAME OF CEMETERY OR CREMATORY Cole Camp Memorial	24d. LOCATION (City, town, or county) (State) Cole Camp Missouri
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DATE REC'D BY LOCAL REG. Jan 19, 1953	REGISTRAR'S SIGNATURE E. L. Eubank	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harold Remy Cole Camp Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAY 6 1955

MAY 14 1956

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 Harold Peng

Licensed Embalmer No. 4097

P. O. Address Cole Camp 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.