No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 838

FILED FEB 3 1954

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4182 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEW HAVEN
c. LENGTH OF STAY (In this place): ENTIRE LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEW HAVEN
d. STREET ADDRESS (If rural, give location): 0 360 0

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): MARTIN
c. (Last): SCHLEEF

4. DATE OF DEATH (Month): 1 (Day): 31 (Year): 54

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: APRIL 13, 1860
9. AGE (In years last birthday): 93 — If under 1 year: Months: 9, Days: 18 — If under 24 hrs.: Hours: , Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HARDWARE MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY: HARDWARE BUSINESS
11. BIRTHPLACE (City and State or Foreign Country): WARREN COUNTY MO.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.
13a. FATHER'S NAME: HERMANN SCHLEEF
13b. MOTHER'S MAIDEN NAME: MARY RHODE
14. NAME OF HUSBAND OR WIFE: MRS. EMELIA SCHLEEF
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Cora Schleef — ADDRESS: New Haven Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myelogenous leukemia — INTERVAL BETWEEN ONSET AND DEATH: 11 mo.

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. Chronic hypertrophied prostate — 10 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 2041
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/1 *19* 37, *to* 1/31 *19* 54, *that I last saw the deceased alive on* 1/20 *19* 54, *and that death occurred at* 3:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. V. Eichmann MD
23b. ADDRESS: New Haven, Mo.
23c. DATE SIGNED: 2/1/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-2-54
24c. NAME OF CEMETERY OR CREMATORY: CEDAR GROVE CEM.
24d. LOCATION (City, town, or county) (State): NEW HAVEN MO

DATE REC'D BY LOCAL REG.: 2-1-54
REGISTRAR'S SIGNATURE: Edna D. Junge 475
25. FUNERAL DIRECTOR'S SIGNATURE: L. C. Fritz & Son — ADDRESS: New Haven Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Earl Fortig

Licensed Embalmer No. 338

P. O. Address New Haven

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.