FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11155

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5071 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Nashville
c. LENGTH OF STAY (in this place): 52 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Nashville
d. STREET ADDRESS (If rural, give location): Lamar R#1

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3. NAME OF DECEASED (Type or Print)
a. (First): MARIA
b. (Middle):
c. (Last): SCHLUPP

4. DATE OF DEATH (Month) (Day) (Year): Apr 19 1954

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 2 1870
9. AGE (In years last birthday): 83 — If under 1 year: Months 9, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Elgin, ~~Illinois~~ Iowa
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Jabob Habager
13b. MOTHER'S MAIDEN NAME: Magdalena Beer
14. NAME OF HUSBAND OR WIFE: Nathan Schlupp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): xxx
16. SOCIAL SECURITY NO.: xxx
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Frad Lantz, Lamar, Missouri

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) Arterio Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Apr. 7, 54

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.* Senile mental changes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* Mar. 10, 1954, *to* Apr. 18, 1954, *that I last saw the deceased alive on* Apr. 14, 1954, *and that death occurred at* 10:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jen T. Bickel (Degree or title) M.D.
23b. ADDRESS: Lamar, Missouri
23c. DATE SIGNED: 4/20/54.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr 22 1954
24c. NAME OF CEMETERY OR CREMATORY: Apostolic Christian Cemetery
24d. LOCATION (City, town, or county) (State): Barton County, Missouri

DATE REC'D BY LOCAL REG.: APR 22 1954
REGISTRAR'S SIGNATURE: Marie Konantz 14-01
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Konantz Funeral Home, Lamar, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

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 Norman L. Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.