

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5432 State File No. 26767

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>4186</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanton Mo.</u>		c. LENGTH OF STAY (in this place) <u>9 WKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Haven Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>0360</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Van Daren Nursing Home</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>F.</u>		c. (Last) <u>Schlake</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 2. 1954</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>7-29-1884</u>		9. AGE (In years last birthday) <u>70</u> Months <u>0</u> Day <u>3</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>M. F. A. Exchange</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferesburg Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Jergen Schlake</u>			13b. MOTHER'S MAIDEN NAME <u>Charlotte Obermeyer</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>World War #1</u>			16. SOCIAL SECURITY NO. <u>493-38-2158</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry S. McCord</u> ADDRESS <u>New Haven 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial insufficiency</u>					<u>Weeks</u>		
		DUE TO (c) <u>Generalized Arteriosclerotic Cardio-Vascular Disease</u>					<u>Years</u>		
		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 <u>4221</u>					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 type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>July 22, 1954</u> , to <u>July 22, 1954</u> , that I last saw the deceased alive on <u>July 22, 1954</u> , and that death occurred at <u>12:22 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Phelan H. Peterson M.D.</u>				23b. ADDRESS <u>40 1/2 W. Clark St. Jefferson Mo.</u>		23c. DATE SIGNED <u>Aug. 2 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-5-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jefferesburg Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferesburg Mo.</u>			
DATE REC'D BY LOCAL REG. <u>AUG 18 1954</u>		REGISTRAR'S SIGNATURE <u>Edythe A. Bridger</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. C. Fertig &amp; Son New Haven - Mo.</u>					

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Earl C. Hartig

Licensed Embalmer No. 338/5

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.