

FILED NOV 8 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32992

State File No.

0090

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

BIRTH NO. REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5112A Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri,</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Scopus,</u> c. LENGTH OF STAY (In this place) <u>50</u>		c. CITY OR TOWN <u>Scopus,</u> d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Scopus Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>Scopus, Mo.</u> <u>0090</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>Schleinger,</u> c. (Last) <u>Schleinger,</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-8-54</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-19-1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming & Labor,</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming,</u>	9. AGE (In years last birthday) <u>66</u> If UNDER 1 YEAR Days <u>2</u> If UNDER 11 HRS. Hours <u>19</u> Min.
11. BIRTHPLACE (City and State or Foreign Country) <u>Cincinnati Ohio,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Schleinger</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Dickroeter</u>	
14. NAME OF HUSBAND OR WIFE <u>Mae Schleinger,</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No,</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>498-10-3505</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mae Schleinger,</u>		ADDRESS	
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>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-Renal Vascular disease</u> DUE TO (c) <u>disease</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>4201</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>12/4</u> , 19 <u>53</u> , to <u>10/6/54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10/1</u> , 19 <u>54</u> , and that death occurred at <u>11:50</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John J. Myers, M.D.</u>		23b. ADDRESS <u>Fatesville Mo</u>	
23c. DATE SIGNED <u>10/20/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-10-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hurricane Fork</u>		24d. LOCATION (City, town, or county) (State) <u>Roseville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 2, 54</u>		REGISTRAR'S SIGNATURE <u>Zellicus Van Amburg</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Shetley</u>		ADDRESS <u>Ball City, Mo.</u>	

(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.....
Signature of Student Embalmer

Signed *L. J. Haman*.....

Licensed Embalmer No. *2863*

P. O. Address *Cape Girardeau*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.