

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22669**

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 2096 Registrar's No. 37

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JEFFERSON</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>RURAL VALLE</u> |  | c. CITY OR TOWN <u>DESOTO</u>   |  |
| c. LENGTH OF STAY (in this place) <u>74 YRS</u>  |  | d. Is 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>RR3 DeSoto, Mo</u>                                      |  | e. STREET ADDRESS (If rural, give location) <u>RR3</u>  |  |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>BERNARD</u> b. (Middle) <u>—</u> c. (Last) <u>SCHLETT</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 18 1955</u> |  |  |
|--|--|--|---|--|--|

|                    |  |                               |  |   |  |                                    |  |   |  |                         |  |                       |  |                        |  |                       |  |
|--------------------|--|-------------------------------|--|---|--|------------------------------------|--|---|--|-------------------------|--|-----------------------|--|------------------------|--|-----------------------|--|
| 5. SEX <u>MALE</u> |  | 6. COLOR OR RACE <u>WHITE</u> |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> |  | 8. DATE OF BIRTH <u>JAN 6 1861</u> |  | 9. AGE (In years last birthday) <u>94</u> |  | 10. UNDER 1 YEAR Months |  | 10. UNDER 1 YEAR Days |  | 10. UNDER 1 YEAR Hours |  | 10. UNDER 1 YEAR Min. |  |
|--------------------|--|-------------------------------|--|---|--|------------------------------------|--|---|--|-------------------------|--|-----------------------|--|------------------------|--|-----------------------|--|

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|---|--|--|--|--|--|---|--|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> |  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u> |  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY</u> |  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |  |  |
|---|--|--|--|--|--|---|--|--|--|--|--|

|                                   |  |  |  |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>UNKNOWN</u> |  |  | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> |  |  | 14. NAME OF HUSBAND OR WIFE <u>JUSTINE SCHLETT</u> |  |  |
|-----------------------------------|--|--|--|--|--|--|--|--|

|  |  |                                     |  |   |  |  |  |
|--|--|-------------------------------------|--|---|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> |  | 16. SOCIAL SECURITY NO. <u>NONE</u> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS JUSTINE LUEBBERS RR3 DeSoto, Mo.</u> |  |  |  |
|--|--|-------------------------------------|--|---|--|--|--|

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|---|--|---|--|--|--|--|--|---|--|
| 18. CAUSE OF DEATH PER line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>               |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> |  |
|   |  | ANTECEDENT CAUSES<br>DUE TO (b) <u>L200H</u>  |  |  |  |  |  |   |  |
|   |  | DUE TO (c) <u>carcinoma of rectum</u>   |  |  |  |  |  | <u>? 3 or 4 years</u>                           |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  |  |  |   |  |

|                        |  |                                  |  |  |  |  |  |  |  |
|------------------------|--|----------------------------------|--|--|--|--|--|--|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION |  |  |  |  |  | 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) |  |  | 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 April 3, 1955, to July 18, 1955, that I last saw the deceased alive on July 14, 1955, and that death occurred at 6:05 p.m., from the causes and on the date stated above.

|  |  |                                |  |                                 |  |
|--|--|--------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell M.D.</u> |  | 23b. ADDRESS <u>Desoto, Mo</u> |  | 23c. DATE SIGNED <u>7-20-55</u> |  |
|--|--|--------------------------------|--|---------------------------------|--|

|   |  |                                |  |   |  |   |  |
|---|--|--------------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> |  | 24b. DATE <u>July 11, 1955</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u> |  | 24d. LOCATION (City, town, or county) (State) <u>DESOTO, MO</u> |  |
|---|--|--------------------------------|--|---|--|---|--|

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>7-23-55</u> |  | REGISTRAR'S SIGNATURE <u>Maria Parry</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MAHN FUNERAL HOME DESOTO, MO</u> |  |
|---|--|--|--|--|--|

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

**JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI**

**DATE RECEIVED**

**JUL 27 1955**

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**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 GERALD J. MAHN....., Student Embalmer No. 50..... working under my personal supervision.. -

Student Gerald J. Mahn  
Signature of Student/Embalmer

Signed Daniel J. Mahn  
Licensed Embalmer No. 43

P. O. Address He. So. To.

**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.**