

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26805**

FILED SEP 7 1955

BIRTH NO. _____ REG. DIST. NO. **L72** PRIMARY REG. DIST. NO. **3034** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give town or township) Higginsville		c. CITY OR TOWN Higginsville	
c. LENGTH OF STAY (in this place) ---		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 205 Fairground Ave.		e. STREET ADDRESS (If rural, give location) 205 Fairground Ave.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) FLORA	b. (Middle) SOPHIA	c. (Last) SCHLUETER	(Month) August	(Day) 16	(Year) 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 31, 1883	9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months 6 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Concordia, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME August Rehkop		13b. MOTHER'S MAIDEN NAME Minnie Buesing		14. NAME OF HUSBAND OR WIFE Henry H. Schlueter, Dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-24-1790		17. INFORMANT'S SIGNATURE OR NAME Mrs. Oral R. Hopkins (Daughter)	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 10 hours	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart disease		several years	
		DUE TO (c) 4200F			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured Right hip 9 weeks prior to death			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **August 1959**, to **August 16, 1955**, that I last saw the deceased alive on **Aug 16, 1955**, and that death occurred at **12:35 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Wilbur E. Fulherson M.D. (Degree or title)		23b. ADDRESS Higginsville Mo.		23c. DATE SIGNED 8-20-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Aug 18, 1955		24c. NAME OF CEMETERY OR CREMATORY Evangelical Cemetery	
Burial				24d. LOCATION (City, town, or county) (State) Higginsville, Missouri	

DATE REC'D BY LOCAL REG. Aug 22-55		REGISTRAR'S SIGNATURE Chayton H Landrum		25. FUNERAL DIRECTOR'S SIGNATURE W. Hader ADDRESS Higginsville, Mo.	
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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.....
Signature of Student Embalmer

Signed *Wm. L. Thurman*.....

Licensed Embalmer No. *4563*

P. O. Address *Richmond, Va.*

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.

10-333-110