

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20943

State File No. _____

FILED JUL 3 1956

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 92

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| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City | | c. CITY OR TOWN Joplin | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| e. d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital | | e. STREET ADDRESS (If rural, give location) 120 N. Florida | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Otto | b. (Middle) E. | c. (Last) Schlote | 4. DATE OF DEATH (Month) (Day) (Year) June 21, 1956 |
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|---|-------------------------------|---|--|---|---|-------------------------------|-----------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH March 13, 1890 | 9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months 3 | IF UNDER 1 YEAR Days 8 | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Dodge Co. Neb. | | 12. CITIZEN OF WHAT COUNTRY? USA | | |

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| 13a. FATHER'S NAME Lewis Schlote | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Beulah Schlote (Wife) |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes W.W. # 1 | 16. SOCIAL SECURITY NO. 506-14-2517 | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Beulah Schlote Joplin, Mo. 120 N. Florida Ave. |
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| 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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 4-15-56, to 6-21-56, 1956, that I last saw the deceased alive on 6-15-56, 1956, and that death occurred at 5:45A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) J.M. Arnce D.O. | 23b. ADDRESS Carterville, Mo. | 23c. DATE SIGNED 6-22-56 |
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|---|------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE June 25, 56 | 24c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery | 24d. LOCATION (City, town, or county) (State) Joplin, Mo. |
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| DATE REC'D BY LOCAL REG. 6-25-56 | REGISTRAR'S SIGNATURE John Arnce (Dr. Arnce) | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Johnston-Arnce-Simpson, Webb City, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

74
0

County File Number 5-6-7-537
Date Filed JUL 2 1956

JUL 5 1956

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 Jack C. Simpson
Licensed Embalmer No. 4647

P. O. Address Webb City,

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.