

STANDARD CERTIFICATE OF DEATH

5373

STATE FILE NUMBER

FILED MAR 1 1957

Registration District No. 172 Primary Registration District No. 4273 Registrator's No. 21

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CONCORDIA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>CONCORDIA</u> <u>0590</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8th BISMARCK</u>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>8th BISMARCK ST</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>ALFRED H. W. SCHLICHELMAN</u>				4. DATE OF DEATH Month Day Year <u>FEB 19 1957</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MAY 15, 1904</u>		9. AGE (In years last birthday) <u>52</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>BARBER</u>		11. BIRTHPLACE (City and state or country) <u>CONCORDIA, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>		
13. FATHER'S NAME <u>HERMAN SCHLICHELMAN</u>				14. MOTHER'S MAIDEN NAME <u>ANNA DOHRMANN</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>495-01-4471</u>		17. INFORMANT Address <u>MRS. HELEN SCHLICHELMAN CONCORDIA, MO</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. } DUE TO (b) <u>Chronic Cardiac Decompensation</u> DUE TO (c) <u>Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>443x</u>								INTERVAL BETWEEN ONSET AND DEATH <u>3</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>—</u>						
20c. TIME OF INJURY Hour a. m. p. m. <u>—</u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>						
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>CONCORDIA</u>		COUNTY <u>—</u>		STATE <u>—</u>			
21. I attended the deceased from <u>April 22, 1944</u> to <u>Feb. 18, 1957</u> and last saw <u>him</u> alive on <u>2/18/57</u> Death occurred at <u>9:00 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Edmund Sprack, M.D.</u>				22b. ADDRESS <u>Concordia, Mo.</u>		22c. DATE SIGNED <u>2/20/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-22-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S</u>		23d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO</u>			
24. FUNERAL DIRECTOR ADDRESS <u>E. A. James Concordia, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>Feb. 21-1957</u>		26. REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>				

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Signature of Student Embalmer

Signed E. S. Janner.....

Licensed Embalmer No. 200

P. O. Address Concord

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.