

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-026489

FILED AUG 4 1958

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4408 Registrar's No. 323

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Smithton</u>	c. LENGTH OF STAY (in this place) <u>24 years</u>	c. CITY OR TOWN <u>Smithton</u>	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 <u>None</u>		e. STREET ADDRESS <u>0800</u> (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lattie</u> b. (Middle) <u>D.</u> c. (Last) <u>Schlotsbauer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 - 28 - 1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3-16-1879</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Smithton Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Henry S. Demand</u>	13b. MOTHER'S MAIDEN NAME <u>Mary C. Helms</u>	14. NAME OF HUSBAND OR WIFE <u>Ed. Schlotsbauer</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Schlotsbauer</u> ADDRESS <u>Smithton</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis, chronic</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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 ^{viewed} ~~attended~~ the deceased as above, 19 58, that I last saw the deceased alive on 7-30-58, and that death occurred at 0800 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Oliver Jordan Stauffer, M.D.</u> (Degree or Title)	23b. ADDRESS <u>Conover, Pettis Co</u>	23c. DATE SIGNED <u>7-30-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-30-1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smithton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Smithton, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 30-58</u>	REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. F. Neunesser</u> ADDRESS <u>Smithton, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

54

MS MAR 1 1960

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. ~~3912~~ working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *A. F. Henney*

Licensed Embalmer No. *3912*

P. O. Address.....

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.