

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029730
State File No.

FILED AUG 18 1958

BIRTH NO. _____ REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 4345 Registrar's No. 201

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

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> *b. COUNTY <u>Montg.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rhineland</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rhineland</u>	
c. LENGTH OF STAY (In this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0100</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	<u>ELIZABETH-CECILIA-SCHLUSS</u>			<u>8-7-58</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11-22-1876</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Keeping House</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rhineland, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Christian Hoffman</u>	13b. MOTHER'S MAIDEN NAME <u>Johanna Pohlmann</u>	14. NAME OF HUSBAND OR WIFE <u>Ben Schlus</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, state war or dates of service)	SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Schlus-Rhineland Mo.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DISEASE</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	<u>4200</u>	20. AUTOPSY? <u>2</u> 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) (Min.)	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 6-8, 1956, to 8-7, 1958, that I last saw the deceased alive on 8-6, 1958, and that death occurred at 6:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>George M. Workman M.D.</u>	(Degree or title)	23b. ADDRESS <u>HERMANN MO</u>	23c. DATE SIGNED <u>8.7.58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>8-9-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's</u>	24d. LOCATION (City, town, or county) (State) <u>Rhineland, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-9-58</u>	REGISTRAR'S SIGNATURE <u>Mrs. Eunice Bush</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kottmeyer & Co.</u>	ADDRESS <u>Rhineland, Mo.</u>
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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 _____

Student Embalmer No. ~~3373~~

working under my personal supervision.

Student
Student Embalmer

Signed *D B Baker*

Licensed Embalmer No. *3375*

P. O. Address *Americus Ga*

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 this body is not embalmed, fact should be so stated above.