

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012885

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 110 Primary Registration District No. 4182 Registrar's No. 6

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>New Haven</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>New Haven</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Cora Lydia Schleef</b>			4. DATE OF DEATH <b>Apr. 19, 1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 29, 1885</b>		9. AGE (In years less birthday) <b>73</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Worked in kitchen at</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Deaconess Hosp.</b>	11. BIRTHPLACE (City and state or country) <b>New Haven Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Martin Schleef</b>		13b. MOTHER'S MAIDEN NAME <b>Emelia Rhode</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-36-7047</b>	17. INFORMANT Address <b>Mrs. Arthur Murphy New Haven Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>					INTERVAL BETWEEN ONSET AND DEATH <b>died suddenly</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic hypertensive cardiovascular disease</b>					<b>5-6 yrs.</b>
DUE TO (c) <b>Diabetes mellitus</b>					<b>5-6 yrs.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Osteo-arthritis</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>4/15/59</u> to <u>4/19/59</u> and last saw her alive on <u>4/18/59</u> Death occurred at <u>approx. 6:15 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>B. V. Eisenmann</b> (Degree or title) <b>M.D.</b>			22b. ADDRESS <b>New Haven, Missouri</b>		22c. DATE SIGNED <b>4/21/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4-21-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cedar Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>New Haven Mo.</b>
24. FUNERAL DIRECTOR <b>L. C. Fertig &amp; Son New Haven Mo</b>			25. DATE RECD. BY LOCAL REG. <b>April 24-1959</b>		26. REGISTRAR'S SIGNATURE <b>Notie Murphy</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 .....*None*....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed .....*Edw. O. Dwyer*.....

Licensed Embalmer No. ....*3-15*.....

P. O. Address .....*New Haven*.....

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.

APR 28 1958