

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020177

FILED JUN 1 1959

Registration District No. 354 Primary Registration District No. 6201 STATE FILE NUMBER Registrar's No. 16

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Texas</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Texas</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sargent twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Sargent twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>8 mi. SE Cabool</b>		Length of stay in lb <b>13 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>1070 8 mi. SE Cabool</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>OSCAR</b> Middle <b>C.</b> Last <b>SCHLOTTERBECK</b>			4. DATE OF DEATH Month <b>5-</b> Day <b>25-</b> Year <b>1959</b>		
5. SEX <b>male</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>Aug. 2, 1887</b>		9. AGE (In years last birthday) <b>71</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>William Schlotterbeck</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Arney</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
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.		17. INFORMANT Address <b>George Schlotterbeck, Willow Springs, 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>Pulmonary Emphysema</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Bronchial Asthma</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arrested Pulmonary Tuberculosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>13 years</b>
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>Sept 1956</b> , to <b>5/25/59</b> and last saw him alive on <b>5/25/59</b> Death occurred at <b>11:45</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Garrett Lloyd B. Gentry</b>			22b. ADDRESS <b>Cabool Mo</b>		22c. DATE SIGNED <b>5/26/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>5-26-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Quilin Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Quilin, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>James L. Gentry, Cabool, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>5-27-59</b>		26. REGISTRAR'S SIGNATURE <b>Gaynell Bingham</b>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

VS AUG 28 1959

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 *James L. Kenton* .....  
Licensed Embalmer No. *4718* .....  
P. O. Address *Calood, Mo* .....

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.