

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-002199

FILED VS JAN 28 1960

Registration District No. 160 Primary Registration District No. 3029 Registrar's No. 17 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crystal City		c. CITY OR TOWN Crystal City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 24 Jefferson Ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 24 Jefferson Ave.

3. NAME OF DECEASED (Type or print) First Fred Middle William Last Schleuter			4. DATE OF DEATH Month Jan. Day 18 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 18, 1885	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Pilot Knob, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles Schleuter		13b. MOTHER'S MAIDEN NAME Fredricka Wolt		14. NAME OF HUSBAND OR WIFE Myrtle Ve st Schleuter		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 489-03-4923	17. INFORMANT Mrs. Myrtle V. Schleuter, 24 Jefferson,	Address Crystal City
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cardio Vascular Disease		Worse 1 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Senile Emphysema	Several years.
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year			

20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from 6-3-49 to 1-18-60 and last saw ^{her}him alive on 1-16-60
Death occurred at 3:55 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>H. D. D. [Signature]</i>	(Degree or title)	22b. ADDRESS <u>112 Mississippi Ave. Crystal City, Mo.</u>	22c. DATE SIGNED <u>1-22-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 21, 1960	23c. NAME OF CEMETERY OR CREMATORY Roselawn Memorial	23d. LOCATION (City, town, or county) (State) Crystal City, Mo.
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24. FUNERAL DIRECTOR Vinyard Fun'l Homes, Inc., Festus, Mo.	25. DATE RECD. BY LOCAL REG. <u>1-22-60</u>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

JAN 29 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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Heit B. Tenjara

Licensed Embalmer No. 4976

P. O. Address Festus

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