MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-000865

STATE FILE NUMBER

FILED VS JAN 24 1961

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 13

ITE UB | AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington — Length of stay in 1b 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hosp. — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Franklin
c. CITY OR TOWN Washington, Mo. — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First UNNAMED Middle Baby Last Schlitt

4. DATE OF DEATH Month 1 Day 15 Year 61

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1-14-61

9. AGE (last birthday) — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ✓

10b. KIND OF BUSINESS OR INDUSTRY ✓

11. BIRTHPLACE (City and state or country) Washington-Mo

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Charles V. Schlitt

13b. MOTHER'S MAIDEN NAME Berda Grannemann

14. NAME OF HUSBAND OR WIFE ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ✓

17. INFORMANT Charles V. Schlitt, Address Washington-Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Atelectasis — INTERVAL BETWEEN ONSET AND DEATH 15 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 1/14/61 to 1/16/61 and last saw her/him alive on 1/16/61
Death occurred at 3:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.

22b. ADDRESS Union Mo

22c. DATE SIGNED 1/15/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 1/16/61

23c. NAME OF CEMETERY OR CREMATORY St Francis Ceme

23d. LOCATION (City, town, or county) (State) Washington-Mo

24. FUNERAL DIRECTOR Nieburg & Vitt, ADDRESS Washington Mo

25. DATE RECD. BY LOCAL REG. 1/16/61

26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Alvin C Nuberg

Signature of Student Embalmer

Licensed Embalmer No. 2387

P. O. Address Washington, 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.