

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-024441**

AMENDED

Registration District No. 64 Primary Registration District No. 5248 Registrar's No. 30 STATE FILE NUMBER

**FILED JUL 17 1961**

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wayland Township</u>		Length of stay in 1b <u>55 years</u>	c. CITY OR TOWN <u>Wayland Township</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 1/2 Mi. N. W. Prairie Hill</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3 1/2 Mi. NW. of Prairie Hill</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>Grace Dunbar Schlichter</u>	First <u>Grace</u> Middle <u>Dunbar</u> Last <u>Schlichter</u>	4. DATE OF DEATH <u>July 12, 1961</u>
---	--	--

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/23/1885</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
-------------------------	----------------------------------	---	--------------------------------------	-------------------------------------	---	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and state or country) <u>Keytesville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
---	--	---	---

13a. FATHER'S NAME <u>Thomas Jefferson Littler</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Welch</u>	14. NAME OF HUSBAND OR WIFE <u>Albert Emil Schlichter</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mr. Emil Schlichter</u> Address <u>RFD Salisbury Mo.</u>
---	--	---

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)	<u>Congestive Circulatory failure</u>	<u>7 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary embolus</u>	<u>10 days</u>
	DUE TO (c) <u>Cardio Vascular disease</u>	<u>2 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension</u>		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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. 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
--	--	--	------------------------------	--------	-------

21. I attended the deceased from <u>July 1st 1961</u> to <u>July 12, 1961</u> and last saw her <u>her</u> alive on <u>July 11th 1961</u> Death occurred at <u>2:25 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE <u>E. L. Eichhorn D.O.</u> (Degree or title)	22b. ADDRESS <u>119 W 2nd Salisbury Mo</u>	22c. DATE SIGNED <u>7-13-61</u>
--	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>7/14/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Salisbury City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Salisbury, Mo.</u>
--	-----------------------------	--	--

24. FUNERAL DIRECTOR <u>Chas. B. Winkelmeyer, Salisbury, Mo.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>July 14, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Donald W Berry</u>
---	--	--

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 Chas B Winkelmeier

Licensed Embalmer No. 3842

P. O. Address Salisbury, Md

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.