# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-006120
STATE FILE NUMBER

AMENDED

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 19

FILED MAR 1 1962

1. PLACE OF DEATH
a. COUNTY Gasconade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hermann — Length of stay in 1b: 26 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 403 Schiller St — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Gasconade
c. CITY OR TOWN Hermann — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS 403 Schiller St (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First EMMA Middle Last SCHLOUGH
4. DATE OF DEATH: Month Feb Day 18 Year 1962
5. SEX: Female
6. COLOR OR RACE: Cau.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4/16/1868
9. AGE (last birthday): 93 — 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): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Household
11. BIRTHPLACE (City and state or country): Hermann, Mo
12. CITIZEN OF WHAT COUNTRY: U. S.
13a. FATHER'S NAME: Simon Maushund
13b. MOTHER'S MAIDEN NAME: Maria Rasche
14. NAME OF HUSBAND OR WIFE: Albert Schlough
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.: None
17. INFORMANT: Lyon Maushund, St. Louis, Mo — Address

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) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs
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 3-9-49, to 2-18-62 and last saw her/him alive on 2-17-62
Death occurred at 5:55 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Cance T. Shaw, M.D. (Degree or title)
22b. ADDRESS Hermann, Mo.
22c. DATE SIGNED 2-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/20/1962
23c. NAME OF CEMETERY OR CREMATORY: Hermann Cemetery
23d. LOCATION (City, town, or county): Hermann (State): Mo

24. FUNERAL DIRECTOR: Herman Blumer Inc ADDRESS: Hermann, Mo
25. DATE RECD. BY LOCAL REG.: 2-19-62
26. REGISTRAR'S SIGNATURE: Delma Uffelman

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| | | | |

BY AFFIDAVIT OF DOCUMENT

MAR 1 1962

**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 Orval Groner, Student Embalmer No. 3160 working under my personal supervision.

Student Orval Groner
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.