

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026490

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 5305 Registrar's No. 4

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0360

2 0760

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILED JUL 20 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY COLE		a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 1 mile east of Schubert, Mo. Length of stay in 1b		c. CITY OR TOWN Crawford Township Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Linn, Mo., R # 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WANDA Middle LEE Last SCHLOTTER		4. DATE OF DEATH Month JULY Day 12 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12 Aug 1957 9. AGE (last birthday) 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) East St. Louis, Ill. 12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William M. Schlotter		13b. MOTHER'S MAIDEN NAME Rebecca Wolfe	14. NAME OF HUSBAND OR WIFE none
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. none	17. INFORMANT W. M. Schlotter Address Linn, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushing Head Injuries			INTERVAL BETWEEN ONSET AND DEATH Instant
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Result of Auto Accident	
20c. TIME OF INJURY Hour 4:30 AM/PM p.m. Month, Day, Year July 12, 62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 50 E. Schubert, Mo. 20f. CITY, TOWN, OR LOCATION Schubert COUNTY Cole STATE Mo		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 4:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Courner Cole County		22b. ADDRESS Jefferson City, Mo. 1436 Queen Berry Road	22c. DATE SIGNED 7/16/62
23a. BURIAL, CREATION, REMOVAL (Specify) Burial	23b. DATE 7/23/1962	23c. NAME OF CEMETERY OR CREMATORY Lane Cemetery	23d. LOCATION (City, town, or county) (State) Osage County, Mo.
24. FUNERAL DIRECTOR Clyde Morton ADDRESS Linn, Mo.		25. DATE RECD. BY LOCAL REG. 16 July 1962	26. REGISTRAR'S SIGNATURE R.D. Harris M.D. K. Richter, Reg.

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn, 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.