

FILED MAY 10 1949

STANDARD CERTIFICATE OF DEATH

State File No. 11773

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>5185</u>		Registrar's No. <u>123</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cape Gir.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Cape Gir</u>		c. LENGTH OF STAY (in this place) <u>35 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cape Girardeau</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile East Dutchtown</u>				d. STREET ADDRESS (If rural, give location) <u>1 mile East Dutchtown</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>A</u> c. (Last) <u>Schlegel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-2-1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>5-1-1885</u>	
9. AGE (In years last birthday) <u>64</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Owned Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Near Keosau Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>William Schlegel</u>		13b. MOTHER'S MAIDEN NAME <u>Frieda Kirtz</u>		14. NAME OF HUSBAND OR WIFE <u>Meyhuda Schlegel</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'S SIGNATURE OR NAME ADDRESS <u>Alvin Schlegel Jackson Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Pushed to death by tractor accidentally.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>509121</u> <u>3</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY/TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cape Girardeau Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 2 1949</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Tractor turned over on deceased</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. R. Orntstein</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>4 South Pacific St. Cape Girardeau Mo.</u>		23c. DATE SIGNED <u>May 6 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-5-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-6-1949</u>		REGISTRAR'S SIGNATURE <u>G. C. Zimmerman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>S. G. Krause Jackson Mo.</u>			

MAY 19 1949

MAY 19 1949

MAY 31 1949

JUN 9 1957

RECEIVED

Health Officer No. 4
File Number 549-610
Filed 5-9-49

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
Student Embalmer

Signed *Gene C. Crawford*

Licensed Embalmer No. *4327*

P. O. Address *Jackson, 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 this body is not embalmed, fact should be so stated above.