

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23929**

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **257**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) Central 2 Monte	
c. LENGTH OF STAY (in this place) 2 weeks		d. STREET ADDRESS (If rural, give location) 0 800,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Campbell Nursing Home			

3. NAME OF DECEASED (Type or Print) Edward William Schlusing			4. DATE OF DEATH (Month) (Day) (Year) July-12-1954		
a. (First)	b. (Middle)	c. (Last)			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Jan-27-1890	9. AGE (In years last birthday) 64	10. MONTHS 6
				YEARS 5	IF UNDER 18 Hrs.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (City and State or Foreign Country) Morgan Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? Pettis, Mo.		13a. FATHER'S NAME John Fredrick Schlusing		13b. MOTHER'S MAIDEN NAME Katherine Mueller	
14. NAME OF HUSBAND OR WIFE 		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. 	
17. INFORMANT'S SIGNATURE OR NAME Henry S Schlusing		ADDRESS Knott Noster Mo			

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident		INTERVAL BETWEEN ONSET AND DEATH 48 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis			
		DUE TO (c) Advanced age			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10 July, 1954**, to **12 July, 1954**, that I last saw the deceased alive on **12 July, 1954**, and that death occurred at **10:20 p.m.**, from the causes and on the date stated above.

22a. SIGNATURE Donald C Procter M.D. (Degree or title)		23b. ADDRESS Sedalia, Mo		23c. DATE SIGNED 7/13/54	
---	--	---------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July-14-1954		24c. NAME OF CEMETERY OR CREMATORY City Cem. Knott Noster	
24d. LOCATION (City, town, or county) (State) Knott Noster Mo		25. FUNERAL DIRECTOR'S SIGNATURE Laura Baker		ADDRESS Knott Noster Mo	
DATE REC'D BY LOCAL REG. 7-14-54		REGISTRAR'S SIGNATURE Lavina Combs			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Procter

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 _____

C. L. Sauls

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *C. L. Sauls*

Licensed Embalmer No. *1086*

P. O. Address *Knob Noster 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.