

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039160
State File No.

No. 300
10. 48

FILED DEC 1 1958		REG. DIST. NO. 53	PRIMARY REG. DIST. NO. 3010	Registrar's No. 542
1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Hospital		e. STREET ADDRESS (If rural, give location) 26 S Lorimier		
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Harrison c. (Last) Schlue			4. DATE OF DEATH (Month) (Day) (Year) Nov 21 1958	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2	8. DATE OF BIRTH April 5 1908	9. AGE (In years last birthday) 50
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Aircraft	11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau Mo.	12. CITIZENRY OF WHAT COUNTRY? USA
13a. FATHER'S NAME Harry Schlue		13b. MOTHER'S MAIDEN NAME Elizabeth Bowman	14. NAME OF HUSBAND OR WIFE Geraldine Schlue	
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. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Joseph Schlue Cape Gir 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastatic Carcinoma of Prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adeno Carcinoma of Rectum</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>154X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>3 months</u>
19a. DATE OF OPERATION <u>Aug 6, 1958</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adeno Carcinoma of Rectum</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>-</u>		
22. I hereby certify that I attended the deceased from <u>Nov 6, 1958</u> , to <u>Nov 21, 1958</u> , that I last saw the deceased alive on <u>Nov 21, 1958</u> , and that death occurred at <u>1 P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>W. H. ... M.D.</u>		23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>11-22-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-24-1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 26, 1958</u>	REGISTRAR'S SIGNATURE <u>Mrs. Homer Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brinkopf Howell Funeral Home Cape</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 20 1958

DEC 5 1958

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 *Neil H. Grosshider*.....

Licensed Embalmer No. *429*

P. O. Address *Cape Grand*

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.