

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023799

STATE FILE NUMBER

FILED JUL 7 1959

Registration District No. 322

Primary Registration District No. 6087

Registrar's No. 3

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cambridge Township		c. CITY OR TOWN Cambridge Township Slater	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 Mi NW Slater, Mo.		d. STREET ADDRESS (If outside, give location) 3 Mi NW Slater, Mo.	
3. NAME OF DECEASED (Type or print) First Vernon Middle Raymond Last Schlottzhauer		4. DATE OF DEATH Month June Day 28 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 17 1889
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		9b. KIND OF BUSINESS OR INDUSTRY Farm	9c. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	10c. BIRTHPLACE (City and state or country) Pilot Grove, Mo.
11. BIRTHPLACE (City and state or country) Pilot Grove, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Schlottzhauer		13b. MOTHER'S MAIDEN NAME Catherine Kahrs	
14. NAME OF HUSBAND OR WIFE Tempa Schlottzhauer		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No	
16. SOCIAL SECURITY NO. 497-16-9283		17. INFORMANT Mrs. Vernon R Schlottzhauer Slater 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) Acute coronary thrombosis			INTERVAL BETWEEN ONSET AND DEATH Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary disease			3 years
DUE TO (c) ✓			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) +201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 June 1944 to June 28, 1959 and last saw him alive on June 2, 1959 Death occurred at 9:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C.A. McBurney, M.D.		22b. ADDRESS Slater, Mo.	
22c. DATE SIGNED 6-29-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE June 30, 1959		23c. NAME OF CEMETERY OR CREMATORY City	
23d. LOCATION (City, town, or county) (State) Slater Missouri		24. FUNERAL DIRECTOR ADDRESS Haines Funeral Home Slater, Mo.	
25. DATE RECD. BY LOCAL REG. July 1 - 1959		26. REGISTRAR'S SIGNATURE Mrs. Raymond Brame	

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 *Walter J. Hines*

Licensed Embalmer No. *4557*

P. O. Address *St. Louis, 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.