

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027824

FILED JUL 16 1959

Registration District No. 328 Primary Registration District No. 6662 Registrar's No. \_\_\_\_\_ STATE FILE NUMBER 26

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. In institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kelso Twp.</u>		Length of stay in 1b <u>78 yrs -</u>	c. CITY OR TOWN <u>Rural Kelso Twp</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 Mi S. W of ILLMO</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2 Mi S. W. of ILLMO</u>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>SCHLOSSER</u> Last <u>SCHLOSSER</u>			4. DATE OF DEATH Month <u>July</u> Day <u>6</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 17, 1869</u>	9. AGE at birthday <u>90</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Albion, Louisiana</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. FATHER'S NAME <u>John Schlosser</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Steinmetz</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Burger</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 <u>Ed Schlosser</u> Address <u>Rt 1 Illmo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Apoplexy</u>			<u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Generalized Arteriosclerosis</u>		<u>2 yrs</u>
	DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>u</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. Month, Day, Year _____				
20d. INJURY OCCURRED WHILE AT WORK <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 <u>June 1, 1959</u> to <u>July 6, 1959</u> and last saw him alive on <u>July 4, 1959</u> Death occurred at <u>11:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <u>Kelso Schley, M.D. Cape Girardeau, Mo</u>		22b. ADDRESS		22c. DATE SIGNED <u>7/9-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/9/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Augustines</u>	23d. LOCATION (City, town, or county) (State) <u>Kelso, Missouri</u>	
24. FUNERAL DIRECTOR <u>Buehlinghoff Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>July 10 59</u>	26. REGISTRAR'S SIGNATURE <u>Michael Buehlinghoff</u>	

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Oliver A. Smith*

Licensed Embalmer No. 4470

P. O. Address *Illmo,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.