

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS JUL 5 1960

=60-022793

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 5426 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Catawissa</i>		Length of stay in 1b <i>8 yrs.</i>	c. CITY OR TOWN <i>Catawissa</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Arthur</i> Middle <i>-</i> Last <i>Schlenker</i>			4. DATE OF DEATH Month <i>June</i> Day <i>24</i> Year <i>1960</i>		
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5. SEX <i>m</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>April 18 '02</i>	9. AGE (last birthday) <i>58</i>	IF UNDER 1 YEAR Months <i>58</i> Days	IF UNDER 24 HR Hours <i>58</i> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Timberwork</i>	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME <i>Henny Schlenker</i>	13b. MOTHER'S MAIDEN NAME <i>Not known</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>492-12-9158</i>	17. INFORMANT (Address) <i>Irene Maken Pacific Mo.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction - 14 days of illness</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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
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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.)
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20c. TIME OF INJURY Hour <i>5</i> Month, Day, Year <i>11-9-59</i>	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
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21. I attended the deceased from *5-11-59* to *6-24-60* and last saw *her* him alive on *6-9-60*
 Death occurred at *5-11-59* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>H. M. Long M.D.</i> (Degree or title)	22b. ADDRESS <i>Union Mo</i>	22c. DATE SIGNED <i>6-24-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>June 26, 1960</i>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <i>Cedar Hill</i>	23d. LOCATION (City, town, or county) (State) <i>Cedar Hill Mo.</i>
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24. FUNERAL DIRECTOR <i>Mrs. John L. Fisher</i> ADDRESS <i>Pacific Mo</i>	25. DATE RECD. BY LOCAL REG. <i>June 26-60</i>	26. REGISTRAR'S SIGNATURE <i>Mary B. Brown L.R.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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0961 9 10P!

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 Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union N

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.