

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002304
STATE FILE NUMBER

Registration District No. 328 Primary Registration District No. 6118 Registrar's No. 8

AMENDED
DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

FILED VS MAR 2 1961

1. PLACE OF DEATH
a. COUNTY SCOTT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SYLVANIA TOWNSHIP Length of stay in 1b 81 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESIDENCE Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY SCOTT
c. CITY OR TOWN CHAFFEE, MISSOURI Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) R. F. D. # 1 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
AUGUST S. SCHLOSSER FEB. 14 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-26-1878 9. AGE (last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER 10b. KIND OF BUSINESS OR INDUSTRY FARMING 11. BIRTHPLACE (City and state of country) ALASCE-LORAIN, GER. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME JOHN SCHLOSSER 13b. MOTHER'S MAIDEN NAME ROVENA STEINMETZ 14. NAME OF HUSBAND OR WIFE KATY SCHLOSSER

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 Address LEON DIEBOLD, ORAN, MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchial Pneumonia INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO (b) Residual of Cerebral Vascular Accident 6 months
DUE TO (c) Generalized Arteriosclerosis
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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour e.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 Jan. 1957 to 14 Feb 61 and last saw ^{him} him alive on 14 Feb 61
Death occurred at 9:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. E. Jubber MD 22b. ADDRESS Chaffee Mo 22c. DATE SIGNED 16 Feb 61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 2-17-1961 23c. NAME OF CEMETERY OR CREMATOR NEW GUARDIAN ANGELS 23d. LOCATION (City, town, or county) (State) ORAN, MISSOURI

24. FUNERAL DIRECTOR ADDRESS EARL J. SMITH ORAN, MISSOURI 25. DATE RECD. BY LOCAL REG. Feb. 23, 1961 26. REGISTRAR'S SIGNATURE Mrs Fred Buepling

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

Emil J. Smith

Licensed Embalmer No. 2676

P. O. Address ORAN, MISSOURI

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.

