MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

-61-014269
STATE FILE NUMBER

AMENDED

Registration District No. 166 Primary Registration District No. 4254 Registrar's No. 13

FILED APR 24 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KnobNoster, Missouri — Length of stay in 1b: 21 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Residence, KnobNoster, Mo. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Johnson
c. CITY OR TOWN: KnobNoster, — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): KnobNoster, Mo. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HENRY Middle CHARLES Last SCHLUSING
4. DATE OF DEATH: Month April Day 19th Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-21-1874
9. AGE (last birthday): 87 — 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: Retired
11. BIRTHPLACE (City and state or country): Morgan County, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Schlusing.
13b. MOTHER'S MAIDEN NAME: Martha Mueller.
14. NAME OF HUSBAND OR WIFE: Ada Virginia Schlusing.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Address: Mrs. Ada Schlusing, KnobNoster, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — 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. ☐ 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 a.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: Knob Noster, COUNTY: Johnson, STATE: Mo.

21. I attended the deceased from 6-1-60, to 4-19-1961 and last saw him alive on 4-19-1961
Death occurred at 3:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: G. W. Groves (Degree or title) M.D.
22b. ADDRESS: KnobNoster, Missouri
22c. DATE SIGNED: 4-20-1961

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-21-1961
23c. NAME OF CEMETERY OR CREMATORY: KnobNoster, Cemetery,
23d. LOCATION (City, town, or county) (State): KnobNoster, Missouri.

24. FUNERAL DIRECTOR: The Brauningers, ADDRESS: Warrensburg, Mo.
25. DATE RECD. BY LOCAL REG.: 4/21/61
26. REGISTRAR'S SIGNATURE: Erma L. Beatty

(Licensed Embalmer's Statement on Reverse Side)

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 R. A. B. Saunsinger

Licensed Embalmer No. 3377

P. O. Address Warrenburg

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.