

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037789

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 224 Primary Registration District No. 8793 Registrar's No. 89

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

FILED NOV 6 1961

| | | | | | |
|---|---|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Moniteau | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Moniteau | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jamestown, Mo Linn | | Length of stay in 1b 4 Years | c. CITY OR TOWN Jamestown, Mo | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen Del- Home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Gen Del | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Lena Middle Marie Last Schlup | | | 4. DATE OF DEATH Month Oct Day 31 Year 1961 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11/25/77 | 9. AGE (last birthday) 83 | IF UNDER 1 YEAR Months 11 Days 6 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and state or country) Moniteau Co-Mo | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Andrew Miller | | 13b. MOTHER'S MAIDEN NAME Mary Schlup | | 14. NAME OF HUSBAND OR WIFE Deceased | |
| 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. None | 17. INFORMANT Mrs Laura Henderson Address Jamestown, 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) Arteriosclerosis, generalized + Cerebral | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 + years |
| 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 | |
| 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. Month, Day, Year _____ | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Jamestown Moniteau Mo | 20f. CITY, TOWN, OR LOCATION Jamestown | COUNTY Moniteau | STATE Mo |
| 21. I attended the deceased from 4-14-57 to 10-19-61 and last saw her/him alive on 8-31-61 Death occurred at 3/15 A on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE R.S. Fuller MD (Degree or title) | | | 22b. ADDRESS California Mo | | 22c. DATE SIGNED 11-1-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11/2/61 | 23c. NAME OF CEMETERY OR CREMATORY Evangelical E&R Cemetery | | 23d. LOCATION (City, town, or county) (State) California, Mo | |
| 24. FUNERAL DIRECTOR Bowlin Funeral Home-California, Mo | | 25. DATE RECD. BY LOCAL REG. 11-2-61 | 26. REGISTRAR'S SIGNATURE Allen P. Poppe | | |

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 John Bowlin, Student Embalmer No. 014
working under my personal supervision.

Student

John R. Bowlin
Signature of Student Embalmer

Signed

Jack H. Bowlin

Licensed Embalmer No. 4933

P. O. Address California, 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.