

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 1 - 1953

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 40

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY OR TOWN <u>California, Mo Walker</u>		c. CITY OR TOWN <u>Rural Linn</u>	
c. LENGTH OF STAY (In this place) <u>1 Hr</u>		d. STREET ADDRESS (If rural, give location) <u>Rt # 2, Jamestown, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Frank</u> b. (Middle) <u>Godfrey</u> c. (Last) <u>Schlup</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 11 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 11 1887</u>
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Month <u>2</u> Day <u>0</u>	IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jacob Schlup</u>	
13b. MOTHER'S MAIDEN NAME <u>Anna Osick</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>William Leroy Schlup, Jamestown, Mo</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hr.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Concussion</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>068</u> (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>5-11</u> , 19 <u>53</u> , to <u>8-11</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8-11</u> , 19 <u>53</u> , and that death occurred at <u>11/20A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Gene M. Gallagher MD</u> (Degree or title)		23b. ADDRESS <u>California, Mo</u>	
23c. DATE SIGNED <u>8-11-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/13/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cemt.</u>		24d. LOCATION (City, town, or county) (State) <u>Jamestown, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 31 1953</u>		REGISTRAR'S SIGNATURE <u>H L Poppyoy H L R</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Bowlin</u>		ADDRESS <u>California</u>	

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
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 this body is not embalmed, fact should be so stated above.