MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-047298
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3009 Registrar's No. 569

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

FILED DEC 20 1963

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jackson
Length of stay in 1b: 1 year
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Deal Nursing Home
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Jackson
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Neal St.
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First MARTIN Middle WILHELM Last SCHLIMME
4. DATE OF DEATH: Month Dec. Day 9 Year 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 9/15/1880
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): Laboror
10b. KIND OF BUSINESS OR INDUSTRY: Brick Mfg.
11. BIRTHPLACE (City and state or country): Gordonville Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Friedrick Schlimme
13b. MOTHER'S MAIDEN NAME: Johanna Sander
14. NAME OF HUSBAND OR WIFE: Anna (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servi: None
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: Clarence Schlimme Jackson, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerosis — Unknown
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 COUNTY STATE

21. I attended the deceased from 7/22/62 to 12/9/63 and last saw him alive on 12-7-63
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. N. Jaeger, M.D.
22b. ADDRESS: Jackson Mo
22c. DATE SIGNED: Dec 11, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/11/1963
23c. NAME OF CEMETERY OR CREMATORY: Russell Heights
23d. LOCATION (City, town, or county) (State): Jackson Missouri

24. FUNERAL DIRECTOR ADDRESS: McCombs Funeral Home Jackson, Mo.
25. DATE RECD. BY LOCAL REG.: 12-18-'63
26. REGISTRAR'S SIGNATURE: Irma Kasten

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0161		
2	0161		
3	2		
4	0		
5	2		
6			
7	0		
8	0		
9	332X		
10			
11			
12	86-0		
13	10		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

MAR 16 1964

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 Bruce Jackson

Licensed Embalmer No. 5097

P. O. Address Jackson, Md

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.