No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21419

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. 145

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson
c. LENGTH OF STAY (In this place): 59 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 215 E. Monroe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Gir.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson 0.16.1
d. STREET ADDRESS (If rural, give location): 215 E. Monroe

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth; b. (Middle); c. (Last) Schloss

4. DATE OF DEATH: (Month) July (Day) 26, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2

8. DATE OF BIRTH: Oct. 1, 1866

9. AGE (In years last birthday): 88 — If under 1 year: Months; Days — If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeping

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Phillip Bingenheimer

13b. MOTHER'S MAIDEN NAME: Wilhelmena Dickmann

14. NAME OF HUSBAND OR WIFE: Martin Schloss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): /

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: Mrs Norman A. Illers — ADDRESS: Jackson, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c) H22

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 ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR? _____

22. *I hereby certify that I attended the deceased from* June, 1953 *to* July 26, 1955 *that I last saw the deceased alive on* July 24, 1955, *and that death occurred at* 5:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: D. L. Sidwell M.D. (Degree or title) — 23b. ADDRESS: Jackson Mo — 23c. DATE SIGNED: 7-27-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: July 28, 1955 — 24c. NAME OF CEMETERY OR CREMATORY: Russell Heights — 24d. LOCATION (City, town, or county) (State): Jackson Mo.

DATE REC'D BY LOCAL REG.: 7/27/55 — REGISTRAR'S SIGNATURE: L. L. Seabaugh 5/8 — 25. FUNERAL DIRECTOR'S SIGNATURE: J. C. Crawford — ADDRESS: Jackson, Mo.

(Medical Examiner'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 .....
Student Embalmer

Signed Tom C Cauvel

Licensed Embalmer No. 4337

P. O. Address Jackson Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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