

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20938**

FILED JUL 14 1953

REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **3009** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jackson</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jackson</b>	
c. LENGTH OF STAY (in this place) <b>56</b>		d. STREET ADDRESS (If rural, give location) <b>215 E. Monroe</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>215 E. Monroe</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 3 1953</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Martin</b> b. (Middle) <b>Schloss</b> c. (Last) <b>Schloss</b>		5. SEX <b>Male</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Nov. 1, 1868</b>		9. AGE (in years) (Months) (Days) <b>84</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Building &amp; Repair</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>New Wells Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Joe Schloss</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Elizabeth Schloss</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>Hattie Sellers</b> ADDRESS <b>Jackson, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Meningeal Meningitis</b> *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Due to (b) <b>Don't know</b> Due to (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Don't know</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>T92X</b>	
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) (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 <b>June 1, 1953</b> , to <b>July 3, 1953</b> , that I last saw the deceased alive on <b>July 2, 1953</b> , and that death occurred at <b>m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>D. G. Lubner</b> (Degree or title)		23b. ADDRESS <b>Jackson Mo.</b>	
23c. DATE SIGNED <b>7-6-53</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>July 5, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Russell Heights</b>	
24d. LOCATION (City, town, or county) (State) <b>Jackson Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H. C. Cracraft</b> ADDRESS <b>Jackson, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>July 7-53</b>		REGISTRAR'S SIGNATURE <b>D. G. Lubner</b> 43	

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

**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 *G. C. Caneft*

Licensed Embalmer No. 40327

P. O. Address *Jackson, 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.