

CERTIFICATE OF DEATH

12470 0006240

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 62

DO NOT WRITE  
ON THIS STUB

VS 300  
Rev. 1/70

4.0269

5. 03

DECEASED

USUAL RESIDENCE  
WHERE DECEASED  
LIVED, IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.

6.0681

PARENTS

CAUSE

CERTIFIER

BURIAL

9. 1  
10a. 79  
10b.  
11. 0  
12. 3  
13. 4123  
14.  
15. 4  
16.  
17.  
18. 0  
19. CREDITS  
20. 1-0

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Emma		Margaret	Schlup	Female	3. Feb 21 1970		
2. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		4. AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR)	
4. White		5b. 79		5b.	5c.	6. Jan 4 1891	
7. CITY, TOWN, OR LOCATION OF DEATH		7c. INSIDE CITY LIMITS SPECIFY YES OR NO		8. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Jefferson City, Mo		7c. Yes		8. Memorial Hospital			
9. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		10. CITIZEN OF WHAT COUNTRY		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		12. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
9. Missouri		10. U.S.A.		11. Divorced		12. None	
13. SOCIAL SECURITY NUMBER		14. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		15. KIND OF BUSINESS OR INDUSTRY			
13. 494-22-0240		14. House Wife		15. Own Home			
16. RESIDENCE—STATE		17. COUNTY		18. CITY, TOWN, OR LOCATION		19. INSIDE CITY LIMITS (SPECIFY YES OR NO)	
16. Missouri		17. Moniteau		18. California, Mo		19. Yes	
20. FATHER—NAME		21. MOTHER—MAIDEN NAME		22. STREET AND NUMBER			
20. Jacob Henry Grossenbacher		21. Margaret Vogelsong		22. 311 Hodges			
23. INFORMANT—NAME		24. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
23. Max F. Bloch		24. California, Mo -65018					
25. PART I. DEATH WAS CAUSED BY:		26. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
25. IMMEDIATE CAUSE		26. 2 wks					
(a) <i>As S.H.N. with congestive failure</i>							
(b) DUE TO, OR AS A CONSEQUENCE OF:							
(c) DUE TO, OR AS A CONSEQUENCE OF:							
27. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		28. AUTOPSY (YES OR NO)		29. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			
27. Basilar artery thrombosis		28. No		29. No			
30. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		31. DATE OF INJURY (MONTH, DAY, YEAR)		32. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
30.		31.		32.			
33. INJURY AT WORK (SPECIFY YES OR NO)		34. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		35. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		36. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
33.		34.		35.		36. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> U.S.	
37. CERTIFICATION—PHYSICIAN:		38. MONTH DAY YEAR		39. AND LAST SAW HIM/HER ALIVE ON		40. 1—DID NOT VIEW THE BODY AFTER DEATH.	
37. I ATTENDED THE DECEASED FROM		38. 1-10-70 TO 2-21-70		39. 2-20-70		40. 6:10 AM	
41. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		42. HOUR OF DEATH		43. THE DECEDENT WAS PRONOUNCED DEAD		44. DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
41.		42.		43.		44.	
45. CERTIFIER—NAME (TYPE OR PRINT)		46. SIGNATURE		47. DEGREE OR TITLE		48. DATE SIGNED (MONTH, DAY, YEAR)	
45. John I. Matthews MO		46. [Signature]		47. MD		48. 24 Feb 70	
49. MAILING ADDRESS—CERTIFIER		50. STREET OR R.F.D. NO.		51. CITY OR TOWN		52. STATE	
49. 302 Bolivar Street		50. Jefferson City		51. Missouri		52. 65101	
53. BURIAL, CREMATION, REMOVAL (SPECIFY)		54. CEMETERY OR CREMATORY—NAME		55. LOCATION CITY OR TOWN STATE			
53. Burial		54. Evangelical Cemetery		55. California, Mo			
56. DATE (MONTH, DAY, YEAR)		57. FUNERAL HOME—NAME AND ADDRESS		58. STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP			
56. 2/23/70		57. Bowlin Funeral Home-100 S Oak		58. California, Mo-65018			
59. FUNERAL DIRECTOR—SIGNATURE		60. REGISTRAR—SIGNATURE		61. DATE RECEIVED BY LOCAL REGISTRAR			
59. [Signature]		60. [Signature]		61. 3-11-70			

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

MAR 1 1970

# 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

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.