

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5289

550
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5647 Registrar's No. 295

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Freistatt</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Freistatt</u>	
c. LENGTH OF STAY (In this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			
3. NAME OF DECEASED a. (First) <u>Joseph</u> b. (Middle) <u>Charles</u> c. (Last) <u>Fritz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 30, 1885</u>
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	
11. BIRTHPLACE (State or foreign country) <u>Freistatt, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>August Fritz</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Schorn</u>	
14. NAME OF HUSBAND OR WIFE <u>Ida Fritz, Freistatt, Mo.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>495-01-4533</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Joseph Fritz, Freistatt, Mo</u>		ADDRESS <u>Freistatt, Mo</u>	
18. CAUSE OF DEATH			
Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of prostate and intestines</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
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 <u>June 16, 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of prostate with other lymph.</u>	
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) <u>channel involvement</u>			
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>Feb. 7, 1949</u> , to <u>Feb. 15, 1950</u> , that I last saw the deceased alive on <u>Feb. 15, 1950</u> , and that death occurred at <u>11:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles J. Moore M.D.</u> (Degree or title)		23b. ADDRESS <u>Pierce City, Missouri</u>	
23c. DATE SIGNED <u>Feb. 18, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 19, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran, Freistatt, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Lawrence Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 23, 1950</u>		REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	
25. FUMERAL DIRECTOR'S SIGNATURE <u>Miller Funeral Home</u>		ADDRESS <u>Manett, Mo.</u>	

RECEIVED MAR 1 1950
District Health Office No. 6,
District File Number 350-283
Date Filed 2-1-50

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 David Dillon.....

Licensed Embalmer No. 3898.....

P. O. Address Mount, 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.