Recd No. 300

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 13813

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5766 3043 Registrar's No. 118

**1. PLACE OF DEATH**
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1516 Hatch

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakwood 0640
d. STREET ADDRESS (If rural, give location): 1516 Hatch

**3. NAME OF DECEASED** (Type or Print)
a. (First): Andrew
b. (Middle): —
c. (Last): Franz

**4. DATE OF DEATH** (Month) (Day) (Year): April 13 1950

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed V
**8. DATE OF BIRTH**: May 13 1865
**9. AGE** (In years last birthday): 85 — IF UNDER 1 YEAR: Months 11, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Carpenter
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Germany 4
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Peter Franz
**13b. MOTHER'S MAIDEN NAME**: Elizabeth Wonder
**14. NAME OF HUSBAND OR WIFE**: Margaret

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): NO
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Exos Franz - 1516 Hatch Oakwood - 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) Myocardial Insuff — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Myocarditis — 2 weeks
DUE TO (c) Chronic Nephritis — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 592X

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☐

**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) m.
**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* March 31, 1950 *to* Apr 7, 1950, *that I last saw the deceased alive on* April 5, 1950 *and that death occurred at* 8 a m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): [signature] 0
**23b. ADDRESS**: 1001 Bdway
**23c. DATE SIGNED**: 4/13/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial 0
**24b. DATE**: 4-10-50
**24c. NAME OF CEMETERY OR CREMATORY**: St. Marys Cemetery
**24d. LOCATION** (City, town, or county): Hannibal Marion (State): MO

**DATE REC'D BY LOCAL REG.**: 4-14-50
**REGISTRAR'S SIGNATURE**: Dr. E. M. Lucke By WC Fisher Deputy
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: James O'Donnell Hannibal MO

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 15 1950
MARION CO. HEALTH DEPT.
DATE FILED APR 18 1950

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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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal, 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.