

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8715**

FILED MAR 17 1953

BIRTH NO. _____ REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **3004** Registrar's No. **22**

361
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) Lamar		c. CITY (If outside corporate limits, write RURAL and give township) Rural-Central	
c. LENGTH OF STAY (In this place) 28 da		d. STREET ADDRESS (If rural, give location) Iantha R#1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hunsaker Rest Home			

3. NAME OF DECEASED (Type or Print) LILLIE FLORENCE ARTZT			4. DATE OF DEATH (Month) (Day) (Year) Mar 11 1953		
a. (First)	b. (Middle)		c. (Last)		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 10 1869		9. AGE (In years last birthday) Months Days 83 7 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Mason City, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME W. E. Powell		13b. MOTHER'S MAIDEN NAME Lillian Florence McDaniel		14. NAME OF HUSBAND OR WIFE Edwin C. Artzt	
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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. XXX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Artzt, Iantha, Mo. R#1	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure chronic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) old age DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 3 w
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7824		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lamar Barton Mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lamar Barton Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **Jan 15, 1953**, to **Mar 11, 1953**, that I last saw the deceased alive on **Mar 11, 1953** and that death occurred at **11:45 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. Guldner M.D.		23b. ADDRESS Lamar		23c. DATE SIGNED 3.15.53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 14 1953	24c. NAME OF CEMETERY OR CREMATORY Iantha Cemetery		24d. LOCATION (City, town, or county) (State) Iantha, Missouri
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DATE REC'D BY LOCAL REG. MAR 14 1953		REGISTRAR'S SIGNATURE Marie Konantz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Konantz Funeral Home, Lamar, Missouri	
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MAR 22 1967

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 _____

Carl H. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.