

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9366

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>5432</u>		Registrar's No. <u>20</u>			
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>FRANKLIN</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL MERAMEC</u>		c. LENGTH OF STAY (In this place) <u>74 YR, 5</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL MERAMEC</u>		<u>0360</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>SULLIVAN MO RURAL BACON RIDGE</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLEMMA</u> b. (Middle) <u>LOVINA</u> c. (Last) <u>SCHATZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 26 1953</u>						
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>3-2-1879</u>			
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>24</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>RURAL (ST. CLAIR MO)</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>JOHN SIMMONS</u>			13b. MOTHER'S MAIDEN NAME <u>MALINDA ADEN</u>			14. NAME OF HUSBAND OR WIFE <u>WILLIAM AUGUST SCHATZ</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS VIOLET CARTWRIGHT R.F.D SULLIVAN</u>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> ANTECEDENT CAUSES MORIBUND 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. <u>Rheumatoid Arthritis</u> <u>5 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4341</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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"/> HOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from <u>Dec 1952</u> , to <u>March 26, 1953</u> , that I last saw the deceased alive on <u>March 26, 1953</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Virgil F. Anderson Jr.</u>				23b. ADDRESS <u>Sullivan Mo.</u>		23c. DATE SIGNED <u>3/27/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Mar 30 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>STANTON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>STANTON MO.</u>			
DATE REC'D BY LOCAL REG. <u>3-27-53</u>		REGISTRAR'S SIGNATURE <u>C. H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. T. Shaffer</u>		ADDRESS <u>Sullivan Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

360
1

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 me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Paul F. Krollenberg

Licensed Embalmer No. 2631

P. O. Address

Sullivan 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.