

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32309

FILED OCT 14 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 392 PRIMARY REG. DIST. NO. 5649 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Pierce</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pierce</u> <u>0550</u>	
c. LENGTH OF STAY (in this place) <u>53 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Home 3 1/2 Miles North, Monett</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 3 1/2 Miles North, Monett</u>		d. STREET ADDRESS (If rural, give location) <u>Home 3 1/2 Miles North, Monett</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DORA</u> b. (Middle) <u>EVA</u> c. (Last) <u>FRITZ</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6, 1953</u>
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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>Sept. 7, 1900</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>29</u>	IF UNDER 1 WEEK Hours <u></u> Mins. <u></u>
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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 <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Freistatt, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>THEODORE DOSS</u>	13b. MOTHER'S MAIDEN NAME <u>OTTILIE WORM</u>	14. NAME OF HUSBAND OR WIFE <u>ALBERT FRITZ</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Albert Fritz</u>	ADDRESS <u>Monett, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		
	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. <u>Marked obesity</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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
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22. I hereby certify that I attended the deceased from Sept 22, 1953 to Oct 6, 1953, that I last saw the deceased alive on Oct 6, 1953, and that death occurred at 3:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert R. Dudley M.D.</u>	23b. ADDRESS <u>Monett Mo</u>	23c. DATE SIGNED <u>Oct 6, 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 10, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FREISTATT CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>FREISTATT, MO.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 8</u>	REGISTRAR'S SIGNATURE <u>John H. Davis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. P. Buchanan</u>	ADDRESS <u>Monett, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *J. D. Buchanan*

Licensed Embalmer No. *3179*

P. O. Address *Monroeville, Pa.*

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.