

FILED NOV 9 - 1953

STANDARD CERTIFICATE OF DEATH

State File No. 35633

BIRTH NO. 69670 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 986

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY GREENE		b. CITY (If outside corporate limits, write RURAL and give town OR TOWN SPRINGFIELD		a. STATE MISSOURI		b. COUNTY CHRISTSTAIN	
c. LENGTH OF STAY (In this place) 1 DAY		c. CITY OR TOWN HIGHLANDVILLE		c. CITY OR TOWN HIGHLANDVILLE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BURGE HOSPITAL				e. STREET ADDRESS (If rural, give location) 02201			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) LINDA	b. (Middle) CLELLENE	c. (Last) RANTZ	Month 10	Day 29	Year 1953		
5. SEX F	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED	8. DATE OF BIRTH 10 28 1953		9. AGE (In years last birthday) 1	if UNDER 1 YEAR Months 5	if UNDER 24 HRS. Days 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) SPRINGFIELD, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME CLELL RANTZ		13b. MOTHER'S MAIDEN NAME JOAN SARTIN		14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME MR. CLELL RANTZ		17. INFORMANT'S SIGNATURE OR NAME MR. CLELL RANTZ		ADDRESS HIGHLANDVILLE, MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity	DUE TO (b) Length of pregnancy unknown						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 776 X		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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 10-28-53, 19__, to 10-29-53, 19__, that I last saw the deceased alive on 10-29-53, 19__, and that death occurred at 10:30 P. m., from the causes and on the date stated above.							
23a. SIGNATURE E. J. Schwartz M.D.			23b. ADDRESS 609 Cherry, Springfield Mo.			23c. DATE SIGNED 11-2-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Oct 30 53	24c. NAME OF CEMETERY OR CREMATORY Highlandville Cemetery		24d. LOCATION (City, town, or county) Christian County		24d. LOCATION (City, town, or county) (State) MO.	
DATE REC'D BY LOCAL REG. Nov 2, 1953	REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin		ADDRESS Ozark Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *T. B. Chaffin*.....

Licensed Embalmer No. *2192*.....

P. O. Address *Clark*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting:
If this body is not embalmed, fact should be so stated above.