

STANDARD CERTIFICATE OF DEATH

Stewart **4689**
State File No.

FILED MAR 15 1954

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 5536 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Goldsberry)</u>		c. CITY OR TOWN <u>Mountain View</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 days</u>		e. STREET ADDRESS (If rural, give location) <u>Route # 1</u> 04600	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GEORGE</u>	b. (Middle) <u>PHILLIP</u>	c. (Last) <u>RAETZ</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 4-1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MM</u>	8. DATE OF BIRTH <u>Sept. 16-1886</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) / <u>Alida, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Raetz</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Moser</u>	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma A Torrey 809 N Wayland Sou Fall S D</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u> <u>7 or 8 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>arteriosclerosis</u> 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>334 X</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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 3/3, 1954, to 3/5, 1954, that I last saw the deceased alive on 3/5, 1954, and that death occurred at 2:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Stewart M.D.</u>	23b. ADDRESS <u>Mountain View, Mo.</u>	23c. DATE SIGNED <u>3-9-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Mar. 5-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John Evangelical</u>	24d. LOCATION (City, town, or county) (State) <u>Alida, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>3/12/54</u>	REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Duncan Funeral Home Mtn View, Mo.</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

1954 JUN 9 9 50 AM

JUN 18 1954

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 *Joe P. Duncan*

Licensed Embalmer No. *432*

P. O. Address *Mt View*

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.