

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5432 State File No. 26766

No. 300
10.48

FILED SEP 13 1954

360

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

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>4486</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Meramec		c. LENGTH OF STAY (If this place) Life		c. CITY OR TOWN Rural of Sullivan		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bacon Ridge Rd.				e. STREET ADDRESS (If rural, give location) Bacon Ridge Rd. <u>03600</u>			
3. NAME OF DECEASED (Type or Print) William		a. (First)		b. (Middle) August		c. (Last) Schatz	
4. DATE OF DEATH		(Month) 9		(Day) 8		(Year) 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH 4-9-1871		9. AGE (In years last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and State or Foreign Country) Sullivan Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME George Schatz		13b. MOTHER'S MAIDEN NAME Sophia		14. NAME OF HUSBAND OR WIFE Clemma I. Simmons			
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. NONE		17. INFORMANT'S SIGNATURE OR NAME Robert Schatz ADDRESS Stanton Mo			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cellulitis in foot from router spur				INTERVAL BETWEEN ONSET AND DEATH Minutes Years 4 days.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 6, 1954</u> , to <u>Sept 8, 1954</u> , that I last saw the deceased alive on <u>Sept 6, 1954</u> , and that death occurred at <u>5:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE Robert M. Crawford M.D. (Degree or title)				23b. ADDRESS Sullivan Mo.		23c. DATE SIGNED Sept 8, 54	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/11/54		24c. NAME OF CEMETERY OR CREMATORY Stanton Cemetery		24d. LOCATION (City, town, or county) (State) Stanton Mo	
DATE REC'D BY LOCAL REG. 9/9/54		REGISTRAR'S SIGNATURE Thomas A. Humphrey <u>49670</u>		25. FUNERAL DIRECTOR'S SIGNATURE Thos P. Shaffer ADDRESS Sullivan Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed Paul F. Krollentz

Licensed Embalmer No. 263

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