

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED MAR 3 1955

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5272 Registrar's No. 30

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

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Polk</u>		c. LENGTH OF STAY (In this place) <u>60 Yrs.</u>	c. CITY OR TOWN <u>Billings, Rt. #2</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Residence, Rt. #2, Billings</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDERICK</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>SCHATZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 9, 1890</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Insurance</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sullivan, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Insurance</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Benjamin Schatz</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa C. Halmich</u>	14. NAME OF HUSBAND OR WIFE <u>Florence Clementine</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-05-8276</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Schatz, Rt. 2, Billings, Mo.</u> ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediately</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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.			
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., 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 <u>Jan</u> , 1953, to <u>Feb</u> , 1955, that I last saw the deceased alive on <u>15 Feb</u> , 1955, and that death occurred at <u>240p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Karl L. Leidinger, Jr. M.D.</u>		23b. ADDRESS <u>Republic Mo</u>	23c. DATE SIGNED <u>2-20-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/25/ 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>Billings, Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-25-55</u>	REGISTRAR'S SIGNATURE <u>Olive Hetter</u>	508	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u> ADDRESS <u>Clever, Mo.</u>

VS
OCT 1 1958

JAN 2 1958
VS
SEP 22 1958

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..... *John Dean Harris*

Licensed Embalmer No. *4390*

P. O. Address..... *Cleveland, Ohio*

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.