

STANDARD CERTIFICATE OF DEATH

State File No. **21062**

FILED JUL 10 1956

BIRTH NO. _____		REG. DIST. NO. 383		PRIMARY REG. DIST. NO. 5641 Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY Lawrence			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence		
b. CITY (If outside corporate limits, write RURAL and give town) Rural, Freistatt		c. LENGTH OF STAY (in this place) 75 Yrs.	c. CITY OR TOWN R.F.D. Monett	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 Home 6 1/2 Miles N.E. Monett			f. STREET ADDRESS (If rural, give location) Rural 6 1/2 Miles N.E. Monett		
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) C.	c. (Last) FRITZ	4. DATE OF DEATH (Month) (Day) (Year) June 22, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 10, 1873	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 1 Days 12 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Lewiston, Minn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Fritz		13b. MOTHER'S MAIDEN NAME Emile Kastner	14. NAME OF HUSBAND OR WIFE Emma Bussert Fritz (Dece)		
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 ADDRESS Martin & Edward Fritz Monett, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cor Myocardial Degenerat ANTECEDENT CAUSES Pericarditis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 3 Weeks
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 12-10 , 19 50 , to 6-22-56 , 19 56 , that I last saw the deceased alive on 6-21-56 , 19 56 , and that death occurred at 11:50 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE Frank St. Kern MD		(Degree or title)	23b. ADDRESS Monett Mo		23c. DATE SIGNED 6-22-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/25/56	24c. NAME OF CEMETERY OR CREMATORY Freistatt Cemetery	24d. LOCATION (City, town, or county) (State) Freistatt, Mo.		
DATE REC'D BY LOCAL REG. 7-7-56	REGISTRAR'S SIGNATURE Cecil Hendricks		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. D. Buchanan Monett, 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..... *J. D. Buchanan*

Licensed Embalmer No..... 3179

P. O. Address Monett, 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.