

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-045534

OFFICE OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

UNDECEASED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 439

FILED VS JAN 6 1961

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| 1. PLACE OF DEATH a. COUNTY Cole | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City | | c. CITY OR TOWN Lohman | |
| Length of stay in 1b | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital | | d. STREET ADDRESS (If outside, give location) Mor gau Township | |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM MARTIN SCHATZ | | | 4. DATE OF DEATH Month Day Year December 23, 1960 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5-30-1903 | 9. AGE (last birthday) 57 | IF UNDER 1 YEAR Months 6 Days 24 Hours Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist--Oberman Manufacturing Co. | 10b. KIND OF BUSINESS OR INDUSTRY Scruggs Station, Mo. | 11. BIRTHPLACE (City and state or country) USA | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME Andrew Schatz | 13b. MOTHER'S MAIDEN NAME Rosa Eggers | 14. NAME OF HUSBAND OR WIFE Myrene Loethen Schatz |
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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) No | 16. SOCIAL SECURITY NO. 488-18-3513 | 17. INFORMANT Mrs. Myrene Schatz | Address Lohman, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary infarction | | INTERVAL BETWEEN ONSET AND DEATH 1 day |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Peritonitis follows Ruptured Duodenum Ulcer | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION Hartsburg, Mo. | COUNTY Hartsburg, Mo. | STATE |
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| 21. I attended the deceased from Dec 6 1960 to Dec 23 1960 and last saw him alive on Dec 23 1960 | |
| Death occurred at 11:50 am on the date stated above, and to the best of my knowledge, from the causes stated. | |

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| 22a. SIGNATURE (Degree or title) William A. Cox M.D. | 22b. ADDRESS 125 E High Jefferson City Mo | 22c. DATE SIGNED 12-23/60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Dec. 26, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Hartsburg Cemetery | 23d. LOCATION (City, town, or county) Hartsburg, Mo. |
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| 24. FUNERAL DIRECTOR Victor Buescher | ADDRESS Jemo | 25. DATE RECD. BY LOCAL REG. 27 December 1960 | 26. REGISTRAR'S SIGNATURE R.P. Harris, M.D. Richter, Dep. |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 JAN 10 11 54 AM '61

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Victor Breach

Licensed Embalmer No. 37

P. O. Address jos

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.