

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000233

FILED VS. JAN 17 1961

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 25

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY MACON	
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		c. CITY OR TOWN MACON, Mo.	
Length of stay in 1b 82 DAY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) U. Medical Center		d. STREET ADDRESS (If outside, give location) 801 West BARK	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Donald Middle Edwin Last SHATZER			4. DATE OF DEATH Month JAN Day 12 Year 1961			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-21-23	9. AGE (last birthday) 37	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RADIO OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY RADIO OPERATOR		11. BIRTHPLACE (City and state or country) TREYTON, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME JAMES SHATZER			13b. MOTHER'S MAIDEN NAME LELA TURNER			14. NAME OF HUSBAND OR WIFE EVELYN SHATZER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 1944-5-1946				16. SOCIAL SECURITY NO.		17. INFORMANT U. Medical Records Station	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Uremia and anuria	INTERVAL BETWEEN ONSET AND DEATH 6 months
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic glomerulonephritis	1 year
DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)
Hypertension

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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 COUNTY _____ STATE _____	

21. I attended the deceased from **5-4-60** to **1-12-61** and last saw ^{her}him alive on **1-12-61**
Death occurred at **10:50** **A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. Howard Hartley M.D.		22b. ADDRESS University med Center, Columbia		22c. DATE SIGNED 1-12-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-13-1961		23c. NAME OF CEMETERY OR CREMATORY Hillcrest Memorial Garden	
23d. LOCATION (City, town, or county) (State) MACON, MISSOURI		24. FUNERAL DIRECTOR Parsons Funeral Services Inc.		25. DATE RECD. BY LOCAL REG. Jan 13, 1961	
26. REGISTRAR'S SIGNATURE Miss R.E. Palmer					

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1961 8 E - SA

JAN 19 1961

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 George R. Kerby

Licensed Embalmer No. 4752

P. O. Address Columbia, Md

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.