

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031530

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED FILED AUG 21 1961 Registration District No. 324 Primary Registration District No. 6084 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blackwater Township		Length of stay in 1b 55 years	c. CITY OR TOWN Marshall
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 miles S-e of Marshall Junction		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD# 1
3. NAME OF DECEASED (Type or print) First Middle Last WALTER LEO SCHANZ			4. DATE OF DEATH Month Day Year August 12, 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 8-6-1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	9. AGE (last birthday) 60
11. BIRTHPLACE (City and state or country) Pettis County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Louis William Schanz		13b. MOTHER'S MAIDEN NAME Minnie Susan Walk	14. NAME OF HUSBAND OR WIFE Frances Lee Schanz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mrs. Frances Schanz-Marshall, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed by Farm Tractor DUE TO (b) Internal injuries DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Few 17.17
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Farm tractor turned over and crushed	
20c. TIME OF INJURY Hour a.m. p.m. 5:30 p.m.	Month, Day, Year 8-12-61		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) On his farm	20f. CITY, TOWN, OR LOCATION Blackwater Twp	COUNTY STATE Saline MO
21. I attended the deceased from made investigation 8-13-61 and last saw him alive on _____ Death occurred at 5:30 pm 8-12-61 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. Lawrence M.D. Coroner Saline		22b. ADDRESS Marshall Mo	22c. DATE SIGNED 8-14-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-15-1961	23c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery	23d. LOCATION (City, town, or county) (State) Marshall, Missouri
24. FUNERAL DIRECTOR Campbell-Lewis		ADDRESS Marshall, Mo.	25. DATE RECD. BY LOCAL REG. 8-15-61
			26. REGISTRAR'S SIGNATURE Cecil S. Read

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall

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.