

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002826

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 22

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

0208

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

**FILED JAN 21 1963**

1. PLACE OF DEATH  
 a. COUNTY PETTIS  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEDALIA Length of stay in Tb 5 YRS.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 312 W BROADWAY Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  
 a. STATE MO b. COUNTY PETTIS  
 c. CITY OR TOWN SEDALIA Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 312 W BROADWAY Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First OTTO Middle DURAN Last STOLTZ  
 4. DATE OF DEATH Month 1 Day 16 Year 1963

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 4-20-1899 9. AGE (last birthday) 63 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE 11. BIRTHPLACE (City and state or country) LA MONTE MO 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME GEORGE STULTZ 13b. MOTHER'S MAIDEN NAME ADELAIDE WEATHERS 14. NAME OF HUSBAND OR WIFE KERMIT STOLTZ - SEDALIA MO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES 16. SOCIAL SECURITY NO. 352 17. INFORMANT KERMIT STOLTZ - SEDALIA MO Address 312 W BRDW

18. CAUSE OF DEATH (Enter only one cause; see PART I. DEATH WAS CAUSED BY)  
 IMMEDIATE CAUSE (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 15 Min.  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause "last."  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_

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.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_  
 20c. TIME OF INJURY Hour \_\_\_\_\_ s.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 xx on 1-16-63, to \_\_\_\_\_ and last saw him alive on dead on arrival. Death occurred at 7:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. L. Walter M.D. 22b. ADDRESS Sedalia, Missouri 22c. DATE SIGNED 1-16-63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 1-17-63 23c. NAME OF CEMETERY OR CREMATORY LA MONTE CEMETERY 23d. LOCATION (City, town, or county) LA MONTE MO (State)

24. FUNERAL DIRECTOR MOORE FUNERAL HOME ADDRESS LA MONTE MO 25. DATE RECD. BY LOCAL REG. January 17, 1963 26. REGISTRAR'S SIGNATURE Francis Shelling per M. Anderson

