

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

1918

State File No.

FILED JAN 19 1950

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>257</u>		PRIMARY REG. DIST. NO. <u>5883</u>		Registrar's No. <u>3</u>			
1. PLACE OF DEATH a. COUNTY <u>Osage</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Loose Creek</u>		c. LENGTH OF STAY (In this place) <u>4 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Loose Creek,</u>		<u>Lim top</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u>			b. (Middle)			c. (Last) <u>Puetz</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 9th, 1950</u>									
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Jan 17, 1874</u>		9. AGE (In years last birthday) <u>75</u>	10. MONTHS <u>7</u>	11. DAYS <u>22</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rtd Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13a. FATHER'S NAME <u>Wm Puetz</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm Puetz, Loose Creek, Mo.</u>					
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				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>				DUPLICATE OF (a) <u>Coronary Arteriosclerosis</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease 3 years</u>				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>4:20 P</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) (Min)		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 <u>May 1947</u> to <u>Jan 9, 1950</u> , that I last saw the deceased alive on <u>Dec 2, 1949</u> , and that death occurred at <u>4:20 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>L. B. Hebler M.D.</u>				23b. ADDRESS <u>Jefferson City Mo.</u>				23c. DATE SIGNED <u>1-11-50.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>1/12/50</u>		24b. DATE <u>Burial</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Loose Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Loose Creek, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Jan 11-1950</u>		REGISTRAR'S SIGNATURE <u>235</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morters Funeral Home</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

760
1

FFB 9 1950

District File Number

District Health Officer No. 9,

JAN 17 1950

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
Student Embalmer

Signed *Vernon M. Weston*.....

Licensed Embalmer No. *4125*.....

P. O. Address *Linn, 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 this body is not embalmed, fact should be so stated above.