

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. # **74** PRIMARY REG. DIST. NO. **4136** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Clinton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Clinton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PLATTSBURG</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lathrop</b>	
c. LENGTH OF STAY (in this place) <b>1 yr.</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Quinn Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANDREW</b> b. (Middle) <b>JACKSON</b> c. (Last) <b>SHARTZER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 24 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>11-23-1856</b>		9. AGE (In years last birthday) <b>93</b> IF UNDER 1 YEAR: Months <b>4</b> Days <b>1</b> IF UNDER 1 HR. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lumber Dealer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Tennessee</b>	
13a. FATHER'S NAME <b>unknown</b>			13b. MOTHER'S MAIDEN NAME <b>unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no.</b>			16. SOCIAL SECURITY NO.		14. NAME OF HUSBAND OR WIFE <b>Mary E. Shartzer (deceased)</b>
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary Cox</b>			ADDRESS <b>Plattsburg, Mo.</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocarditis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 Mo</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **Jan 1, 1950**, to **2-24**, 1950, that I last saw the deceased alive on **March 4, 1950**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W.B. Shalding M.D.</b> (Degree or title)	23b. ADDRESS <b>Plattsburg Mo.</b>	23c. DATE SIGNED <b>March 25 50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3-26-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lathrop</b>	24d. LOCATION (City, town, or county) (State) <b>Plattsburg Mo.</b>
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DATE REC'D BY LOCAL REG. <b>March 27 1950</b>	REGISTRAR'S SIGNATURE <b>Elizabeth Scarsell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Detross CRUNK</b> ADDRESS <b>Camerton, Mo.</b>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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 *Harold L. Walker*

Licensed Embalmer No. *4588*

P. O. Address *Letcher 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.