

FILED APR 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12406

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <b>COOPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>COOPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BOONVILLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BOONVILLE</b>	
c. LENGTH OF STAY (in this place) <b>62 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>WATER STREET</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RAVENSWAY HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>TILLIE</b> b. (Middle) <b>KATHERINE</b> c. (Last) <b>TEZON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 8 - 1950</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>JULY 9 - 1880</b>		9. AGE (In years last birthday) <b>69</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEKEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (State or foreign country) <b>BAVARIA - GERMANY</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				13. FATHER'S NAME <b>JOSEPH SCHWARTZ</b>	
14. MOTHER'S MAIDEN NAME <b>KATHERINE LANG</b>				15. NAME OF HUSBAND OR WIFE <b>WILLIAM TEZON</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>WILLIAM TEZON-BOONVILLE</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Excitement</b>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic colitis</b>		<b>4201</b>	

19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>SUICIDE HOMICIDE</b>		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) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from **April 8, 1950**, to **April 8, 1950**, that I last saw the deceased alive on **April 8, 1950**, and that death occurred at **4 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>St. Alex. Ravenway M.D.</b>		23b. ADDRESS <b>Boonville Mo.</b>		23c. DATE SIGNED <b>4.10.50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4/11/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>BOONVILLE - MO.</b>	

DATE REC'D BY LOCAL REG. <b>April 10 - 1950</b>		REGISTRAR'S SIGNATURE <b>Bo Hooper</b> 381		25. FUNERAL DIRECTOR'S SIGNATURE <b>STEGNER FUNERAL HOME - BOONVILLE</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.480272  
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RECEIVED

APR 17 1950

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-21-50

**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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed James W. Stegner  
Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.