

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14069

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5938 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Arlington</u>			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hooker Arlington Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hooker</u>				d. STREET ADDRESS (If rural, give location) <u>Hooker</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>REINHOLD</u>			b. (Middle) <u>FRANZ</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 15 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 12 - 1866</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS' OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Baltimore Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Joseph Franz</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Holtzhaus</u>			14. NAME OF HUSBAND OR WIFE <u>May Franz</u> <u>72</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>7</u>		17. INFORMANT'S SIGNATURE OR NAME <u>May Franz</u>			ADDRESS <u>Hooker mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular Renal Disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 or 6 yrs</u>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					DUE TO (b) <u>Passive congestion due to</u> <u>48 hrs.</u>		
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Pulmonary edema</u>					DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS, Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile debility</u>					<u>44.2X</u>		
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 <u>April 17, 1947</u> , to <u>Mar 15, 1950</u> , that I last saw the deceased alive on <u>Mar 15, 1950</u> , and that death occurred at <u>A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Name or Title) <u>Richard E. Myers D.O.</u>				23b. ADDRESS <u>Newburg, Mo.</u>			23c. DATE SIGNED <u>Mar 16</u>		
24a. BURIAL - CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 16 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mill Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Flat mo Phelps Co</u>			
DATE REC'D BY LOCAL REG. <u>4-6-50</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoeckl</u> <u>380</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Loe Johnson</u>		ADDRESS <u>Newburg mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

0810

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 4-10-50

PS NOV 21 1960

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 Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg 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.