No. 300
10.48

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

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16120

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 160

1. PLACE OF DEATH
a. COUNTY Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Carrollton
c. LENGTH OF STAY (In this place) 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Atwood Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bogard Rural 0170
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) A.
c. (Last) Schanz

4. DATE OF DEATH (Month) May (Day) 8 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married-widowed
8. DATE OF BIRTH March, 3, 1867
9. AGE (In years last birthday) 83 — If under 1 year: Months 2 Days 5 — If under 24 hrs.: 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 Retired
11. BIRTHPLACE (State or foreign country) Tazwell Co. Illinois
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Adam Schanz
13b. MOTHER'S MAIDEN NAME Doreathea Michel
14. NAME OF HUSBAND OR WIFE Nellie E. Willard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs Tom Crawford, **ADDRESS** Carrollton, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 5 yrs
DUE TO (c) Chronic Nephritis — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 426X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) ___ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1947, *to* May 8, 1950, *that I last saw the deceased alive on* May 7, 1950, *and that death occurred at* 12:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE John H. Platz (Degree or title) M.D.
23b. ADDRESS Carrollton, Missouri
23c. DATE SIGNED 5/8/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/9/1950
24c. NAME OF CEMETERY OR CREMATORY Vanhorn
24d. LOCATION (City, town, or county) (State) 10 M. North Carrollton, Mo.

DATE REC'D BY LOCAL REG. 5/15/50
REGISTRAR'S SIGNATURE Mrs Herbert Calvert 45
25. FUNERAL DIRECTOR'S SIGNATURE Clifford W. Austin, **ADDRESS** Tina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 17
District Health Officer No. 8,
District File Number
Date Filed 5/17/50

JUL 17 1950

FEB 2 1951

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 Clifford W Austin
Licensed Embalmer No. 3233
P. O. Address Tina, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.