S. No. 300
10.48

361

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

FILED JUL 8 1950

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

State File No. 19856

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 26

**1. PLACE OF DEATH**
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SULLIVAN
c. LENGTH OF STAY (in this place): 4 MO
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NORTHSIDE HOSP.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SULLIVAN 0361
d. STREET ADDRESS (If rural, give location): 463 N. CHURCH ST. 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): ANNA
b. (Middle): MARY
c. (Last): SCHATZ

**4. DATE OF DEATH** (Month) (Day) (Year): JUNE 30 1950

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: APRIL 9 1887
**9. AGE** (In years last birthday): 74 73
If under 1 year: Months 2 Days 21
If under 24 hrs.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): HOUSEWIFE
**10b. KIND OF BUSINESS OR INDUSTRY**: at home
**11. BIRTHPLACE** (State or foreign country): SULLIVAN, MO 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: PATRICH HANLEN
**13b. MOTHER'S MAIDEN NAME**: ELLEN FORD
**14. NAME OF HUSBAND OR WIFE**: JOSEPH SCHATZ

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: NONE
**17. INFORMANT'S SIGNATURE OR NAME**: Joseph Schatz ADDRESS: Sullivan 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): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebral Thrombosis — 4 mo.
DUE TO (c): General Arteriosclerosis — 8 years

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
Pulmonary Edema due to left heart failure — 1 wk

**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?** 332X

22. *I hereby certify that I attended the deceased from* Oct. 1949 *to* June 30, 1950, *that I last saw the deceased alive on* June 30, 1950, *and that death occurred at* 7:45 AM *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): John J de la Taine
**23b. ADDRESS**: Sullivan, Mo.
**23c. DATE SIGNED**: 7-1-1950

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: JULY 3, 1950
**24c. NAME OF CEMETERY OR CREMATORY**: ST. ANTHONYS
**24d. LOCATION** (City, town, or county): SULLIVAN (State): MO

**DATE REC'D BY LOCAL REG.**: 7-1-1950
**REGISTRAR'S SIGNATURE**: [signature] 97
**25. FUNERAL DIRECTOR'S SIGNATURE**: Harrison M. Eaton ADDRESS: Sullivan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 5 1950
District Health Officer No. 9
District File Number

## 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 Edgar W. Laffoon

Licensed Embalmer No. 3394

P. O. Address Salisbury, 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.

State of MO } ss.
County of FRANKLIN }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

**AFFIDAVIT FOR CORRECTION OF A RECORD**

State File No. 19866

Local Registrar's No.

On this 22nd day of JULY, 1950, before me appears M. A. HANLEN, who, upon HIS oath, states that the original record of ~~birth~~ death for ANNA MARY SCHATZ, ~~born~~ died JUNE 30, 1950, in the State of Missouri, and which was filed at SULLIVAN, MO on 7-1, 1950, should be corrected as follows:

Item No. 8 should read APRIL 9 1887

Instead of APRIL 9 1886

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant M A Hanlen

Relationship. Brother

5071 Lindenwood St Louis Mo

Present Address.

Subscribed and sworn to before me this 22nd day of July, 1950.

My Commission expires May 15, 1954

Elmer E. Owen Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
M—4-43
I X36667