

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3003 State File No. _____

BIRTH NO. _____ REG. DIST. NO. 43177 PRIMARY REG. DIST. NO. 177 Registrar's No. 47

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>		
b. CITY OR TOWN <u>Monett</u>		c. LENGTH OF STAY (in this place) <u>18 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u>		d. STREET ADDRESS (If rural, give location) <u>1551</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 814, 8th st</u>			d. STREET ADDRESS (If rural, give location) <u>814 8th street</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna Elizabeth</u> b. (Middle) <u>Fritz</u> c. (Last) <u>Fritz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 1 1950</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 13 1870</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR (Months) <u>6</u>	IF UNDER 12 HRS. (Days) <u>28</u>	IF UNDER 1 MIN. (Hours) <u></u>	IF UNDER 1 MIN. (Min.) <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Lewiston Minnesota</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Conrad Stellwagen</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Schoen</u>		14. NAME OF HUSBAND OR WIFE <u>Adolph Fritz - Deceased</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Fritz - R1</u>		ADDRESS <u>Monett Mo</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>	DUE TO (b) <u>Myocardial degeneration</u>					7 days
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u></u>					3 yrs
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)						4220

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 5-20-47, 1947, to June 1, 1950, that I last saw the deceased alive on June 1, 1950, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Ken MD</u> (Degree or title)		23b. ADDRESS <u>Monett Mo</u>		23c. DATE SIGNED <u>6-2-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 5, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Freistatt Mo</u>	
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DATE REC'D BY LOCAL REG. <u>6-7-50</u>	REGISTRAR'S SIGNATURE <u>W. M. West</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dillon Funeral Home</u>		ADDRESS <u>Monett Mo</u>	
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RECEIVED JUN 15 1950
District Health Office No. 6
District File Number 650-693
Date Filed 6-16-50

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 J. D. Buchanan
Licensed Embalmer No. 3179

P. O. Address Mount Pro

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.