

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31478

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 317

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FRANKCLAY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FRANKCLAY</u>	
c. LENGTH OF STAY (in this place) <u>46 YRS.</u>		0940	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FRANKCLAY</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>EDWARD P. ARENZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 20, 1950</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>MARCH 3, 1867</u>		9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LEAD MINING</u>		11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>OSCAR ARENZ</u>		13b. MOTHER'S MAIDEN NAME <u>DRELLA GARETT</u>		14. NAME OF HUSBAND OR WIFE <u>DORA ARENZ</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MR. GENE ARENZ FRANKCLAY, MO</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of right femur</u> DUE TO (c) <u>Generalized arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>6 months</u> <u>Not known</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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Frankclay St. Francois Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>approx. 4-29-50</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell at home</u>	

22. I hereby certify that I attended the deceased from April 1950, to Sept 20 1950, that I last saw the deceased alive on Sept 19, 1950, and that death occurred at 10 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W Huntz M.D.</u>		23b. ADDRESS <u>Leadwood Mo.</u>		23c. DATE SIGNED <u>9-22-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT. 22 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ADAMS CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>FRANKCLAY MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beit L. Boyer Leadwood, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Sept. 22, 1950</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

940

No. 800
10. 10. 10.

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 23 1950
RECEIVED

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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.