S. No. 300
Rev. 10.48

FILED APR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11251

BIRTH NO. _____ REG. DIST. NO. 335 PRIMARY REG. DIST. NO. 4492 Registrar's No. 10

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

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

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

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3. NAME OF DECEASED (Type or Print)
a. (First): LOUISA
b. (Middle):
c. (Last): METZ

4. DATE OF DEATH (Month) (Day) (Year): MARCH 15 1951

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MARCH 8 1869
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — 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:
11. BIRTHPLACE (State or foreign country): NEW HAMBURG, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S. A.

13a. FATHER'S NAME: FLORENTINE KLIPFEL
13b. MOTHER'S MAIDEN NAME: THERESA OHLMAN
14. NAME OF HUSBAND OR WIFE: WILLIAM METZ

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: MRS. LEO TENKOFF — ADDRESS: ORAN, 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): Endocarditis — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —

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

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: 4214
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):
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* Jan, 1957, *to* 3/15, 1951, *that I last saw the deceased alive on* 3/12, 1957, *and that death occurred at* 10:05 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. A. Clint MD
23b. ADDRESS: Oran Mo
23c. DATE SIGNED: 3/16/57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MARCH 17 1951
24c. NAME OF CEMETERY OR CREMATORY: OLD GUARDIAN ANGELS
24d. LOCATION (City, town, or county): ORAN (State): MO.

DATE REC'D BY LOCAL REG.: Mar 24-51
REGISTRAR'S SIGNATURE: Mrs Fred Bissling Lot 1 4/15
25. FUNERAL DIRECTOR'S SIGNATURE: Earl J. Smith — ADDRESS: Oran, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 4 1951
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 451-74

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 Earl J Smith

Licensed Embalmer No. 3676

P. O. Address Oran, 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.