

FILED MAY 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

157212
State File No.

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 45135 Registrar's No.

050
4

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

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan 1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Nursing Home		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Mary Elizabeth b. (Middle) c. (Last) HOTZ			4. DATE OF DEATH (Month) (Day) (Year) 4 - 10 - 1951			
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 2-14-1865	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 1 Days 26	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Milan - Ill. 0		12. CITIZEN OF WHAT COUNTRY? US	

13a. FATHER'S NAME A T Roach	13b. MOTHER'S MAIDEN NAME Louisa Watson	14. NAME OF HUSBAND OR WIFE Robert HOTZ - dead
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Roy Murphy
		ADDRESS Milan Ill

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH sudden 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) senile changes. 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 420	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, to 4-10-1951, that I last saw the deceased alive on 4-9, 1951, and that death occurred at 7:38 m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Milan	23c. DATE SIGNED 4/12/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-11-51	24c. NAME OF CEMETERY OR CREMATORY Oakgrave Cem.
		24d. LOCATION (City, town, or county) (State) Milan Ill

DATE REC'D BY LOCAL REG. April 28-1951	REGISTRAR'S SIGNATURE Mrs. H. B. Harris	330	25. FUNERAL DIRECTOR'S SIGNATURE Schoeney	ADDRESS Milan Ill
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Date Received: APR 30 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-51-86
Date Filed: MAY 1 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Durghit Schoene

Licensed Embalmer No. 2467

P. O. Address Milan - 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.