V.S. No. 300
Rev. 10.48

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FILED MAR 24 1952

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 9246

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5840 Registrar's No. 8

**1. PLACE OF DEATH**
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Van Buren Twsp
c. LENGTH OF STAY (In this place): 17 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R7D Sarcoxie

**2. USUAL RESIDENCE** (Where decedent lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Van Buren Twsp
d. STREET ADDRESS (If rural, give location): Sarcoxie Mo R7D

**3. NAME OF DECEASED** (Type or Print): a. (First) Joseph b. (Middle) A. c. (Last) Katzfey

**4. DATE OF DEATH** (Month) (Day) (Year): 3-8-52

**5. SEX**: Male
**6. COLOR OR RACE**: Wh
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 5-3-1892
**9. AGE** (In years last birthday): 59
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): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: ✓
**11. BIRTHPLACE** (City and State or Foreign Country): Purdy Mo
**12. CITIZEN OF WHAT COUNTRY?**: U

**13a. FATHER'S NAME**: Joe Katzfey
**13b. MOTHER'S MAIDEN NAME**: Marie Klauenn
**14. NAME OF HUSBAND OR WIFE**: Anna Katzfey

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs Anna Katzfey
**ADDRESS**: Sarcoxie 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) Coronary Thrombosis — 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) Hypertension

DUE TO (c) Cardio-Renal syndrome

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**: 4201
**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?**:

22. *I hereby certify that I attended the deceased from* 2/23, 19 52 *to* 3/8, 19 52 *that I last saw the deceased alive on* 3/3, 19 52 *and that death occurred at* 12 15 *p.m., from the causes and on the date stated above.*

**23a. SIGNATURE**: J. L. Nordstrom, M.D. (Degree or title)
**23b. ADDRESS**: Sarcoxie, Mo.
**23c. DATE SIGNED**: 3/11/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 3-12-52
**24c. NAME OF CEMETERY OR CREMATORY**: St Agnes Cem
**24d. LOCATION** (City, town, or county) (State): Pierce City Mo

**DATE REC'D BY LOCAL REG.**: Mar. 12, 1952
**REGISTRAR'S SIGNATURE**: M. L. Young
**25. FUNERAL DIRECTOR'S SIGNATURE**: Jackson & Sons
**ADDRESS**: Sarcoxie Mo

(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**

District Health Officer No. ~~NEWTON~~ COUNTY HEALTH UNIT
District File Number 952-44
Date Filed March 19-1952

NEOSHO, MISSOURI

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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 me, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Wm K. Jackson
Licensed Embalmer No. 3954
P. O. Address Sarcoxie 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.