No. 300
10.48

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

MAY 5 - 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12065

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 446

1. PLACE OF DEATH
a. COUNTY: Buchanan.
b. CITY (If outside corporate limits, write RURAL and give township) ~~OR TOWN~~: St. Joseph.
c. LENGTH OF STAY (in this place): 18 yrs 9 mo. 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No. 2.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: Buchanan.
c. CITY (If outside corporate limits, write RURAL and give township) ~~OR TOWN~~: St. Joseph. Missouri. 0117
d. STREET ADDRESS (If rural, give location): Clayton & Miami. 0

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) Andrew c. (Last) LOTZ.

4. DATE OF DEATH (Month) (Day) (Year): 4 - 27 - 1952.

5. SEX: Male. 0
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced. 3
8. DATE OF BIRTH: 9-21-1879.
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 5, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam fitter.
10b. KIND OF BUSINESS OR INDUSTRY: Mechanics.
11. BIRTHPLACE (State or foreign country): Missouri. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John F. Lotz
13b. MOTHER'S MAIDEN NAME: Mary Lovett
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME: Albert Lotz - 5449 Morris Ave. St. Joseph. 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral hemorrhage	4 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis	
DUE TO (c)	Syphilis.	
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Psychosis.	20 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 026 X
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* 4-11-, 1950, *to* 4-27-, 1952, *that I last saw the deceased alive on* 4-27-, 1952, *and that death occurred at* 11 50 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. H. Morrowway. 0 (Degree or title) M.D.
23b. ADDRESS: State Hospital No. 2 St. Joseph Mo
23c. DATE SIGNED: 4-28-1952.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial U
24b. DATE: 4-30-52
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem
24d. LOCATION (City, town, or county) (State): St. Joseph Mo

DATE REC'D BY LOCAL REG.: April 28, 1952
REGISTRAR'S SIGNATURE: Carl C. Castle 446
25. FUNERAL DIRECTOR'S SIGNATURE: Earl A. Clark
ADDRESS: 120 Illinois Ave.

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest Clark

Licensed Embalmer No. 4235

P. O. Address St Joseph 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.