S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12220

BIRTH NO. APR 22 1952 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 135

0143

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton
c. LENGTH OF STAY (In this place) 45 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home 715 Grand Ave.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton 0143
d. STREET ADDRESS (If rural, give location) 715 Grand Ave., 0

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Maze c. (Last) Kritzer

4. DATE OF DEATH (Month) (Day) (Year) Apr. 12 1952

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Oct. 15 1875
9. AGE (In years last birthday) 76 — If under 1 year: Months 5 Days 27 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocery clerk (Grocery)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Manheim, Penn. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME D.K.
13b. MOTHER'S MAIDEN NAME H.K
14. NAME OF HUSBAND OR WIFE Sophie Louise

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. 488-09-0270
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward Kritzer, Fulton, 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) Cancer of throat

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 148 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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE W. Garrett, 3 (Degree or title) Coroner
23b. ADDRESS Fulton Mo
23c. DATE SIGNED 4/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE Apr, 15, 1952
24c. NAME OF CEMETERY OR CREMATORY Hillcrest
24d. LOCATION (City, town, or county) Fulton (State) Mo

DATE REC'D BY LOCAL REG. April 14/1952
REGISTRAR'S SIGNATURE Maretta Lawrence 426-0
25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home ADDRESS Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 22 1952

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 William C. Trebel

Licensed Embalmer No. 4870

P. O. Address Fulton Me.

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.