

STANDARD CERTIFICATE OF DEATH

19023

S. No. 300
V. 10.48
FILED JUN 2 1952

State File No.
Registrar's No. **110**

BIRTH NO. REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **4470**

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

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) - - c. (Last) Fritz.			4. DATE OF DEATH (Month) May (Day) 18 (Year) 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, NEVER WIDOWED Widowed	
8. DATE OF BIRTH March 11 1878		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 0 Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (State or foreign country) Cooper County, Missouri.	
12. CITIZEN OF WHAT COUNTRY? USA.					

13a. FATHER'S NAME John Fritz.		13b. MOTHER'S MAIDEN NAME Louise Raisin		14. NAME OF HUSBAND OR WIFE Louise Chase Fritz.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Mrs. John Jordan, Arrow Rock, Mo.	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, with 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 <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION ✓		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) 4222	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) ✓		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 March, 1952, to May 17, 1952, that I last saw the deceased alive on May 17, 1952, and that death occurred at 3 p.m., from the causes and on the date stated above.

23a. SIGNATURE C. L. Lawless		23b. ADDRESS Manell Mo.		23c. DATE SIGNED 5-22-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 20 1952		24c. NAME OF CEMETERY OR CREMATORY Arrow Rock Cemetery	
				24d. LOCATION (City, town, or county) (State) Arrow Rock, Missouri.	

DATE REC'D BY LOCAL REG. May 26 1952		REGISTRAR'S SIGNATURE 385 Winney F. Gray		25. FUNERAL DIRECTOR'S SIGNATURE 0 Goodman & Boller, Boonville, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

970

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 *J. H. Goodman*.....

Licensed Embalmer No. *1178*.....

P. O. Address *Boonville, 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.