No. 300
10.48

FILED OCT 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31086

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 244

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

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jefferson City
c. LENGTH OF STAY (in this place) 65 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Osage 0260
d. STREET ADDRESS (If rural, give location) Rt. 4-7 miles S-W. of J.C. Mo.

3. NAME OF DECEASED (Type or Print)
a. (First) Ferdinand
b. (Middle)
c. (Last) Artz

4. DATE OF DEATH (Month) (Day) (Year) Oct 3 1952

5. SEX Male
6. COLOR OR RACE White
7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) Never Married
8. DATE OF BIRTH Sept. 12, 1887
9. AGE (In years last birthday) 65 — If under 1 year: Months 0, Days 21 — If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist
10b. KIND OF BUSINESS OR INDUSTRY Drug Store
11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME August Artz
13b. MOTHER'S MAIDEN NAME Lizzie (Unknown)
14. NAME OF HUSBAND OR WIFE Not Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Bertha Schroer
ADDRESS R.E.4 J.C. 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) Cerebral hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Paralysis Total due to preceding cerebral hemorrhage.
DUE TO (c) Malignant Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. General Debilitation

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331 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* Feb 4, 1952, *to* Oct 3, 1952, *that I last saw the deceased alive on* Oct 3, 1952, *and that death occurred at* 9:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) William A. Cox MD
23b. ADDRESS 125 E High St Jefferson City Mo
23c. DATE SIGNED 10-6-52

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial
24b. DATE Oct 6, 1952
24c. NAME OF CEMETERY OR CREMATORY Riverview
24d. LOCATION (City, town, or county) (State) Jefferson City Mo.

DATE REC'D BY LOCAL REG. Oct 6-1952
REGISTRAR'S SIGNATURE R. P. Dorris MD-MR. 68-0
25. FUNERAL DIRECTOR'S SIGNATURE Tanner Serv. Jeff. City Mo.
ADDRESS

(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.....

Licensed Embalmer No. 3641

P. O. Address.....

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.