

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13854**

BIRTH NO. **APR 20 1953** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **391**

396
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1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARSHFIELD MO	
c. LENGTH OF STAY (In this place) 4 DAYS		d. STREET ADDRESS (If rural, give location) 1170	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS			

3. NAME OF DECEASED (Type or Print) a. (First) ANTHONY b. (Middle) H. H. c. (Last) FRANZ			4. DATE OF DEATH (Month) (Day) (Year) APR 15 1953		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC 30 1877	9. AGE (In years last birthday) 75	10. UNDER 1 YEAR Months 3 Days 15
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) UNKNOWN	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MARY FRANZ	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME MARY FRANZ MARSHFIELD ADDRESS	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH year.	
		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.			

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **4-11**, 19**53**, to **4-15**, 19**53**, that I last saw the deceased alive on **4-15**, 19**53**, and that death occurred at **11:45** Am., from the causes and on the date stated above.

23a. SIGNATURE James Marshall, M.D. (Print name or title)		23b. ADDRESS Professional Bldg.		23c. DATE SIGNED 4-17-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-17-1953		24c. NAME OF CEMETERY OR CREMATORIUM MARSHFIELD		24d. LOCATION (City, town, or county) (State) MARSHFIELD MO	
DATE REC'D BY LOCAL REG. 4-18-53		REGISTRAR'S SIGNATURE Edith Wilkinson		25. FUNERAL DIRECTOR'S SIGNATURE BARBER BARTO		ADDRESS MARSHFIELD.	

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

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 _____

Russ Barber

Licensed Embalmer No. 3848

P. O. Address Int. Home

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.