

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24365

State File No. _____

FILED JUL 31 1953
BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5428 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leslie, Mo. Boone		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leslie, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Michel	b. (Middle) Eugene	c. (Last) Schatzler	4. DATE OF DEATH (Month) (Day) (Year) July 22 1953
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH June 14, 1953	9. AGE (In years last birthday) Months Days 1 8	10. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Washington, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME Marie Schatzler	14. NAME OF HUSBAND OR WIFE Single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Marie Schatzler, Leslie, Missouri	ADDRESS
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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) <u>Mal-nutrition</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 weeks</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature Baby</u>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mother Had Toxemia? Preg.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 14, 1953, to July 22, 1953, that I last saw the deceased alive on July 21, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles H. Hunt</u>	(Degree or title)	23b. ADDRESS <u>General No.</u>	23c. DATE SIGNED <u>7-22-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-23-53	24c. NAME OF CEMETERY OR CREMATORY Port Hudson Cemetery	24d. LOCATION (City, town, or county) (State) New Haven, Missouri
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DATE REC'D BY LOCAL REG. 2-22-53	REGISTRAR'S SIGNATURE <u>J. H. Matthews</u>	450	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold L. Ottman</u>	ADDRESS <u>Harold, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48
60

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 Ernst P. Getmann

Licensed Embalmer No. 4054

P. O. Address Herald, Ma.

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.