

FILED JUL 23 1954

STANDARD CERTIFICATE OF DEATH

State File No. 23689

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANNIBAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANNIBAL</u>	
c. LENGTH OF STAY (In this place) <u>1 hr.</u>		d. STREET ADDRESS (If rural, give location) <u>1125 Lyon St. DAVIS REST HOME</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEVERING HOSPITAL</u>			

3. NAME OF DECEASED a. (First) <u>WM.</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>STOLTZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-16-1954</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>MARCH 24, 1890</u>		9. AGE (In years last birthday) <u>64</u>		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) <u>CAROLINA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STREET DEPT. PLUMBER</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11a. FATHER'S NAME <u>WM. STOLTZ</u>		11b. MOTHER'S MAIDEN NAME <u>MARTHA PURCELL</u>	
11c. NAME OF HUSBAND OR WIFE <u>SALLIE STOLTZ</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edgar Puchner - Home</u>		18. ADDRESS _____		19. MEDICAL CERTIFICATION	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) _____		DUE TO (c) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death <u>Hypertrophy of Prostate</u>	
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) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 7/16/54, to 7/16/54, that I last saw the deceased alive on 7/16/54, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Lannibal Mo.</u>		23c. DATE SIGNED <u>July 16/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-19-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRANDVIEW CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>LANNIBAL, MO.</u>		DATE REC'D BY LOCAL REG. <u>7-19-54</u>		REGISTRAR'S SIGNATURE <u>Dr. Em. Luck</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Clark</u>		ADDRESS <u>Lannibal, Mo.</u>		(Licensed Embalmer's Statement on Reverse Side)	

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

RECEIVED JUL 22 1954
MARION CO. HEALTH DEPT.
DATE FILED JUL 22 1954

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 *Ralph Clark*

Licensed Embalmer No. *4214*

P. O. Address *Honolulu, 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.