

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

25042

State File No. _____

No. 300
10-48

FILED AUG 8 - 1955

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 43-11 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SULLIVAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTLAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>REGER</u>	
c. LENGTH OF STAY (in this place) <u>70 Hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1050</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>SULLIVAN COUNTY MEMORIAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>E.</u> c. (Last) <u>ARTZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 28 1955</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>APR. 13, 1896</u>		9. AGE (In years last birthday) <u>59</u>		10. IF UNDER 1 YEAR <u>3</u> MONTHS <u>15</u> DAYS	
11. BIRTHPLACE (State or foreign country) <u>Aledo Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GROCERY STORE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail GROCERY</u>		11. BIRTHPLACE (State or foreign country) <u>Aledo Ill</u>	

13a. FATHER'S NAME <u>Ambrose Artz</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Smith Artz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or date of service) <u>WW I</u>		16. SOCIAL SECURITY NO. <u>495-38-9209</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Artz - Reger, Mo</u> ADDRESS _____	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>72 Hrs.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary Occlusion</u>		II. OTHER SIGNIFICANT CONDITIONS <u>4201</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			

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) (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 7-25, 1955, to 7-28, 1955, that I last saw the deceased alive on 7-28, 1955, and that death occurred at 2:35 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Melan, Mo</u>		23c. DATE SIGNED <u>7/29/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/31/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shrock Cem</u>	
				24d. LOCATION (City, town, or county) (State) <u>Sullivan Co Mo</u>	

DATE REC'D BY LOCAL REG. <u>8-5-1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. H.B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Melan - Mo</u>	
--	--	---	--	---	--

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

1956
A 2007
1556

SEP 3 8 1956

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 Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Milan 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.