

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34106**

FILED OCT 25 1955

BIRTH NO. _____ REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **3046** Registrar's No. **60**

1. PLACE OF DEATH a. COUNTY Monteau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monteau			
b. CITY (If outside corporate limits, write RURAL and give township) California		c. LENGTH OF STAY (in this place) 4 mo.		c. CITY OR TOWN California		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hall's Rest Home				STREET ADDRESS (If rural, give location) 06 1/2			
3. NAME OF DECEASED (Type or Print) a. (First) CHRIST			b. (Middle) CARL		c. (Last) LOTZ		4. DATE OF DEATH (Month) (Day) (Year) Oct. 10 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Jan 16, 1874		9. AGE (In years last birthday) if UNDER 1 YEAR Months Days Hours Min. 81 8 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Woodwork		10b. KIND OF BUSINESS OR INDUSTRY Wagon maker		11. BIRTHPLACE (City and State or Foreign Country) Monteau Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Phillip Lotz			13b. MOTHER'S MAIDEN NAME Christian Busch		14. NAME OF HUSBAND OR WIFE Dora Mennen		
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herman Lotz California, 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, assthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 2 weeks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular disease ? 10 years. DUE TO (c) 4/201			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Prostatitis							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 4-18 , 19 55 , to 10-10 , 19 55 , that I last saw the deceased alive on 10/14 , 19 55 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edgar A. Kelbo, M.D.				23b. ADDRESS 218 N. Oak California		23c. DATE SIGNED 10/11/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10-12-1955		24c. NAME OF CEMETERY OR CREMATORY Salem Evangelical		24d. LOCATION (City, town, or county) (State) McBurt Mo.	
DATE REC'D BY LOCAL REG. 10/14/55		REGISTRAR'S SIGNATURE L. L. Pope		25. FUNERAL DIRECTOR'S SIGNATURE A. E. Wilson		ADDRESS California, Mo	

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.....
Signature of Student Embalmer

Signed..... *A. E. Wilson*

Licensed Embalmer No. *235*

P. O. Address *California*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.