

FILED MAR 12 1956

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

7791

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>6178</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Millan - Rural</u>				c. CITY OR TOWN <u>Millan Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Duncan Twp</u>				e. STREET ADDRESS (If rural, give location) <u>Duncan Twp. 1040</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Etta</u>		b. (Middle) <u>Fern</u>		c. (Last) <u>Artz</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>3 6 1956</u>		5. SEX <u>F m</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>6-20-1896</u>		9. AGE (In years last birthday) <u>59</u>		10. MONTHS <u>8</u> DAYS <u>16</u>		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Reger Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>John Willis</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Scott</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Artz</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Walter Artz</u>		ADDRESS <u>Reger Mo</u>	
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) <u>Left Ventricular Failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, arteriosclerosis Heart D.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>1. obesity 2. P. aneur.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u> <u>10 yrs.</u> <u>5 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443x</u>				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>Cora Sullivan Mo</u>			
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 <u>March 6</u> , 19 <u>56</u> , to <u>March 6</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>March 6</u> , 19 <u>56</u> , and that death occurred at <u>8:50</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph S. Mayall</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Reger Mo</u>		23c. DATE SIGNED <u>3/9/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-9-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shrock Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Reger Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-9-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckwith</u>		525-11		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoeffer</u> ADDRESS <u>Millan Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 21 1959

### 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.....  
Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Milan - Wis

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

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