

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DR. H. SILSBY

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 8806

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 316

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSP.</b>		d. STREET ADDRESS (If outside, give location) <b>800 CHERRY</b>	
3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle <b>P.</b> Last <b>SCHATZ</b>			4. DATE OF DEATH Month <b>APRIL</b> Day <b>1</b> Year <b>1956</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED</b> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB. 11 1880</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED COAL DEALER</b>		9b. AGE (In years last birthday) <b>76</b>	9c. IF UNDER 1 YEAR Months Days Hours Min.
10b. KIND OF BUSINESS OR INDUSTRY <b>COAL YARD</b>		11. BIRTHPLACE (City and state or country) <b>SULLIVAN, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>BENJAMIN SCHATZ</b>		14. MOTHER'S MAIDEN NAME <b>LOUISE HAMLICH</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>?</b>	17. INFORMANT Address <b>BEN SCHATZ BILLINGS, MISSOURI</b>
18. CAUSE OF DEATH [Enter only one cause per line] for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Rupture of colon &amp; peritonitis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>localize gangrene</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>arteriosclerotic cardiovascular disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 hours</b> <b>unknown</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Springfield Greene MO.</b>
21. I attended the deceased from <b>Mar 25 1956</b> to <b>Apr 1 1956</b> and last saw <b>him</b> alive on <b>Apr 1 '56</b> Death occurred at <b>10:45</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>H. Silsby M.D.</b>		22b. ADDRESS <b>609 Cherry St.</b>	22c. DATE SIGNED <b>Apr 2 1956</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>4/4/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. MARY'S</b>	23d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MISSOURI</b>
24. FUNERAL DIRECTOR ADDRESS <b>H. H. LOHMEYER SPRINGFIELD, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>4-3-56</b>	26. REGISTRAR'S SIGNATURE <b>Ernest Williamson</b>

APR 27 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 .....  
Signature of Student Embalmer

Signed *Lucien V. Swadlow* .....

Licensed Embalmer No. *178* .....

P. O. Address *Springfield* .....

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.