

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31533

State File No.

FILED OCT 8 1956

Registrar's No. 227

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY OR TOWN Maryville		c. CITY OR TOWN Maryville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 MO.		e. STREET ADDRESS (If rural, give location) 314 West Third	
d. FULL NAME OF HOSPITAL OR INSTITUTION 314 West Third		0740	
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) F.	
c. (Last) HANTZE		4. DATE OF DEATH (Month) (Day) (Year) 10 1 56	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 5-1876
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months	IF UNDER 2 WRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy Employee-retired		10b. KIND OF BUSINESS OR INDUSTRY Dairy	11. BIRTHPLACE (City and State or Foreign Country) Pickering, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Robert T. Hantze	
13b. MOTHER'S MAIDEN NAME Catharine Lawless		14. NAME OF HUSBAND OR WIFE Lida Hornbuckle Hantze	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 493-18-6189	
17. INFORMANT'S SIGNATURE OR NAME Mrs. George F. Hantze, Maryville, Mo.		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH Inst.	
ANTECEDENT CAUSES		Inst.	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Coronary occlusion	
DUE TO (c) Coronary artery disease		?	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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)		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 10-1 , 19 56 , to Oct. 1 , 19 56 , that I last saw the deceased alive on _____, and that death occurred at 10:30am. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) [Signature] M. D.		23b. ADDRESS Maryville, Missouri	
23c. DATE SIGNED 10/2/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/3/56	
24c. NAME OF CEMETERY OR CREMATORY Myrtle Tree		24d. LOCATION (City, town, or county) (State) Maryville, Missouri	
DATE REC'D BY LOCAL REG. 10-6 56		REGISTRAR'S SIGNATURE Beas Holt	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Price Funeral Home, Maryville, Mo.	

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

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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.....
John W. Price

Licensed Embalmer No. *4281*

P. O. Address *Maryville*

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.