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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31384

STATE NUMBER

FILED OCT 11 1957

Registration District No. 119 Primary Registration District No. 5442 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Mo b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RICHLAND TWP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN —
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 mi. E. of PERSHING		Length of stay in lb 70 yrs	d. STREET ADDRESS (If outside, give location) 2 mi. E. of PERSHING
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM STORTZ			4. DATE OF DEATH Month Day Year SEPT. 18 - 1957		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 15 - 1886	9. AGE (In years, last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY GEN'L FARMING	11. BIRTHPLACE (City and state or country) SWISS MO	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John STORTZ	13b. MOTHER'S MAIDEN NAME CAROLINE EIKERMAN	NAME OF HUSBAND OR WIFE MATHILDA STORTZ
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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. 499-40-1085A	17. INFORMANT Address Mrs MATHILDA STORTZ RFD MORRISON MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) NEPHRO SCLEROSIS WITH UREMIA		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) HYPERTENSION	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - 446x		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from 7-10-53 to 9-18-57 and last saw him alive on 9-16-57 Death occurred at 1:30 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) George M. Workman M.D.	22b. ADDRESS HERMANN, MO	22c. DATE SIGNED 9-19-57
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23a. BURIAL, CREMATION OR REMOVAL (Specify) BURIAL	23b. DATE 9/21/57	23c. NAME OF CEMETERY OR CREMATORY ZION'S CEMETERY	23d. LOCATION (City, town, or county) (State) PERSHING MO
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24. FUNERAL DIRECTOR HUGO H. Blumck	ADDRESS HERMANN MO	25. DATE RECD. BY LOCAL REG. 9-21-57	26. REGISTRAR'S SIGNATURE Delma G. Uffelman
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 11 1951

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 *Hughes*

Licensed Embalmer No. *3160*
P. O. Address *Herrmann*

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.