

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002134

FILED VS JAN 15 1960

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 17

NEED

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 15 yrs		c. CITY OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 920 N. Jackson Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Sylvia Middle Spritz Last Latz				4. DATE OF DEATH Month January Day 1 Year 1960									
5. SEX Female		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 5-23-1884		9. AGE (last birthday) 75		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home			11. BIRTHPLACE (City and state or country) Cincinnati, Ohio			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Charles Spritz				13b. MOTHER'S MAIDEN NAME Mathilda Levy				14. NAME OF HUSBAND OR WIFE Charles B. Latz					
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. None		17. INFORMANT Address Charles B. Latz, Joplin, Missouri							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident - Thrombosis of basilar artery. DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 7 weeks			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive arteriosclerotic heart disease.								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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.)									
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
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		
21. I attended the deceased from December 5, 1959 to Jan 1, 1960 and last saw her alive on Jan 1, 1960 Death occurred at 11:59 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Sylvia Latz MD (Degree or title)				22b. ADDRESS 304 Medical Arts Bldg Joplin, Missouri				22c. DATE SIGNED 1-6-60					
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-4-60		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery				23d. LOCATION (City, town, or county) (State) Webb City, Missouri					
24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary, Joplin, Mo.				25. DATE RECD. BY LOCAL REG. 1-11-1960		26. REGISTRAR'S SIGNATURE Dove Merriam							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.