

# JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 27 1960

15

Primary Registration District No.

5072

Registrar's No.

100

-60-033759

STATE FILE NUMBER

ENDED

|  |   |   |  |   |  |  |  |
|--|---|---|--|---|--|--|--|
| 1. PLACE OF DEATH  |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |  |  |  |
| a. COUNTY<br><b>Barton</b>   |   | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Newport Twsp.</b>  |  | a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>                                      |  | c. CITY OR TOWN <b>Newport Twsp.</b>                 |  |
| Length of stay in 1b<br><b>9 years</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | d. STREET ADDRESS<br><b>Lamar RFD #4</b>             |  |
| 3. NAME OF DECEASED (Type or print)  |   |   |  | 4. DATE OF DEATH  |  |  |  |
| First<br><b>FRANCIS</b>  |   | Middle<br><b>MARION</b>   |  | Last<br><b>MIZNER</b>   |  | Month Day Year<br><b>Sept 22 1960</b>                |  |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>W</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>7/27/1901</b>  | 9. AGE (last birthday)<br><b>59</b>  | IF UNDER 1 YEAR<br>Months Days                       | IF UNDER 24 HR<br>Hours Min.                             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Welder</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Lawn Boy Co.</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Loup City, Nebraska</b>              |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S.</b>          |  |
| 13a. FATHER'S NAME<br><b>Milo Mizner</b>   |   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah Starr</b>  |   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Isabell Denton</b> |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 16. SOCIAL SECURITY NO.<br><b>505-09-8697</b>   |  | 17. INFORMANT Address<br><b>Mrs. Isabell Mizner, Lamar, Mo. R#4</b>                   |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:   |   |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>From 12:00 AM</b> |
| IMMEDIATE CAUSE (a) <b>Coronary occlusion.</b>   |   |   |  |   |  |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |   |   |  |   |  |  |  |
| DUE TO (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)<br><b>Diabetes mellitus</b>  |   |   |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>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  |
| 21. I attended the deceased from <b>Aug 1955</b> to <b>Sept 22, 1960</b> and last saw him alive on <b>Aug 20, 1960</b><br>Death occurred at <b>5:30</b> a.m. on the date stated above, and to the best of my knowledge from the causes stated. |   |   |  |   |  |  |  |
| 22a. SIGNATURE<br><b>John T. Diebel, M.D.</b> (Degree or title)  |   |   |  | 22b. ADDRESS<br><b>Lamar, Mo.</b>   |  |  | 22c. DATE SIGNED<br><b>9/23/60</b>                       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |   | 23b. DATE<br><b>Sept 27 1960</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Laka Cometary</b>                                   |   | 23d. LOCATION (City, town, or county)<br><b>Lamar, Missouri</b>  |  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Konantz Funeral Home, Lamar, Missouri</b>   |   |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>SEP 24 1960</b>                                    | 26. REGISTRAR'S SIGNATURE<br><b>Marie Konantz</b>  |  |  |

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 Paul J. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar

**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.