URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 15 1960

-60-037975

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 4175 Registrar's No. 83

NDED

1. PLACE OF DEATH
a. COUNTY Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN King City — Length of stay in 1b Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Residence — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Gentry
c. CITY OR TOWN King City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 215 S. Ohio — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Fannie Middle C. Last Gantz

4. DATE OF DEATH Month November Day 4, Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 4/30/76

9. AGE (last birthday) 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Self Employed

11. BIRTHPLACE (City and state or country) Andrew County, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Samuel Dysart

13b. MOTHER'S MAIDEN NAME (Unknown) Smith

14. NAME OF HUSBAND OR WIFE Caspar A. Gantz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT Donald D. Gantz — Address King City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Sclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 11-3-60, to 11-4-60 and last saw her/him alive on 11-3-60
Death occurred at 7:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.

22b. ADDRESS King City, Mo.

22c. DATE SIGNED 11-5-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Nov. 6, 1960

23c. NAME OF CEMETERY OR CREMATORY Stewartsville Cem.

23d. LOCATION (City, town, or county) (State) Stewartsville, Mo.

24. FUNERAL DIRECTOR Harold E. Woodrel — ADDRESS King City, Mo.

25. DATE RECD. BY LOCAL REG. 11-7-60

26. REGISTRAR'S SIGNATURE Mrs. L. W. Bore

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 21 1960

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_____ Signed Harold E. Waalrel
Signature of Student Embalmer

Licensed Embalmer No. 4609

P. O. Address King City

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