

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 30 1961

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-61-000311

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

DATE AMENDED
 AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF
 DOCUMENT
 MEDICAL CERTIFICATION
 A. J. Herman, M.D.

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Buchanan	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph	a. STATE Mo	b. COUNTY Gentry
Length of stay in 1b 2 days		c. CITY OR TOWN King City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital		d. STREET ADDRESS (if outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	5. SEX
First Oscar	Middle Arthur	Month Jan	Male
Last Gantz	Day 22	Year 1961	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/27/75	9. AGE (last birthday) 85	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggest
10b. KIND OF BUSINESS OR INDUSTRY Self-employed	11. BIRTHPLACE (City and state or country) Stewartsville, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	13a. FATHER'S NAME Casper A. Gantz
13b. MOTHER'S MAIDEN NAME Caroline Methinger	14. NAME OF HUSBAND OR WIFE None	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.
17. INFORMANT Donald Gantz	Address King City, Mo.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 1 week	
DUE TO (b) Arteriosclerotic Nephritis		1 month	
DUE TO (c) Arteriosclerosis		years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Anemia secondary to epistaxis.		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 Jan 20, 1961 to Jan. 22, 1961 and last saw him alive on Jan. 22, 1961	Death occurred at 5:45 p m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Allen Herman MD.</i>	(Degree or title)	22b. ADDRESS 704 FRANCIS St.	22c. DATE SIGNED 1-23-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 24, 61	23c. NAME OF CEMETERY OR CREMATORY Stewartsville	23d. LOCATION (City, town, or county) (State) Stewartsville, Mo.
24. FUNERAL DIRECTOR <i>Roland O. Clark</i>	ADDRESS King City, Mo	25. DATE RECD. BY LOCAL REG. Jan. 27, 1961	26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Sandell</i>

OCT 5 1961

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 Roland W. Clark

Licensed Embalmer No. 4477

P. O. Address King City, Mo.

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.