

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-61-001011**  
STATE FILE NUMBER

FILED VS JAN 16 1961 / 128 Registration District No. 2000 Primary Registration District No. Registrar's No. 11-B

AMENDED

DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>			Length of stay in 1b <u>1 day</u>		c. CITY OR TOWN <u>Billings, Route #1</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2 Miles East</u>	
3. NAME OF DECEASED (Type or print) First <u>Peter</u> Middle <u>William</u> Last <u>Netzer</u>				4. DATE OF DEATH Month <u>January</u> Day <u>3</u> Year <u>1961</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 19, 1882</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY ----		11. BIRTHPLACE (City and state or country) <u>Meeme, Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Peter Netzer</u>			13b. MOTHER'S MAIDEN NAME <u>Theresa Schwartz</u>			14. NAME OF HUSBAND OR WIFE <u>Louise Schatz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. ----		17. INFORMANT Address <u>Mrs. Louise Netzer, Rt. #1, Billings, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH <u>18 HRS</u>
IMMEDIATE CAUSE (a) <u>PROBABLE CORONARY THROMBOSIS</u>							
DUE TO (b) <u>FRACTURE FEMORAL NECK, LEFT</u>							
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>GENERALIZED ARTERIOSCLEROSIS, POSSIBLE PROSTATIC CA.</u>							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.) <u>FELL AT HOME</u>			
20c. TIME OF INJURY Hour <u>10:30</u> a.m. / p.m. Month, Day, Year <u>1 2 61</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>BILLINGS CHRISTIAN MO.</u>	
21. I attended the deceased from <u>1-2-61</u> to <u>1-3-61</u> and last saw her/him alive on <u>1-2-61</u> Death occurred at <u>3:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>James E. Jansson M.D.</u>				22b. ADDRESS <u>307 Prof. Bldg. Springfield Mo.</u>		22c. DATE SIGNED <u>1-6-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/6/1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Josephs Catholic Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Billings, Missouri</u>	
24. FUNERAL DIRECTOR <u>John Morris,</u>			ADDRESS <u>Clever, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-9-61</u>		26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>

JAN 19 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 J. Alan Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.