

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036473

AMENDED Registration District No. 116 Primary Registration District No. 4187 Registrar's No. 237 STATE FILE NUMBER

FILED OCT 23 1961

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| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY FRANKLIN | b. CITY (If outside corporate limits, give TOWNSHIP only) UNION | a. STATE MO. | b. COUNTY FRANKLIN |
| Length of stay in lb | | c. CITY OR TOWN UNION | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME | | d. STREET ADDRESS 104 N. OAK ST. | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) | First VIOLA | Middle GERALDINE | Last DANZ | 4. DATE OF DEATH | Month OCT. | Day 16 | Year 1961 |
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| 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 JUNE 16, 1892 | 9. AGE (last birthday) 69 | IF UNDER 1 YEAR Months 4 Days | IF UNDER 24 HR Hours Min. |
|-------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------|-----------------------------------------|------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK | 11. BIRTHPLACE (City and state or country) BERGER, MO. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME SEBASTIAN WALZ | 13b. MOTHER'S MAIDEN NAME MARY OCHSNER | 14. NAME OF HUSBAND OR WIFE EDW. DANZ |
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| 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 MR. EDW. DANZ | Address UNION, MO. |
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| 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 Instant |
| IMMEDIATE CAUSE (a) Presumed cause - | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Arteriosclerotic heart disease | |
| DUE TO (c) Fund dead in lid - no | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Treatment prior to death | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |

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| 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.) |
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|-------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------|-------|
| 20c. TIME OF INJURY Hour 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 UNION MO | COUNTY MO. | STATE |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------|-------|

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **6:00 A (P)** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>[Signature]</i> | (Degree or title) | 22b. ADDRESS Union Mo | 22c. DATE SIGNED 10/26/61 |
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|------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE OCT. 18, 1961 | 23c. NAME OF CEMETERY OR CREMATORY IMMACULATE CON. CEM. | 23d. LOCATION (City, town, or county) UNION MO. |
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| 24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME | ADDRESS UNION, MO. | 25. DATE RECD. BY LOCAL REG. 10/18/61 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |
|-----------------------------------------------------|------------------------------|-------------------------------------------------|-------------------------------------------------|

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

NOV 2 1961

NOV 9 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 Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union, 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.