

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034839

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38-1 Primary Registration District No. 6178 Registrar's No. 75

FILED SEP 3 1963

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Duncan Twp.		c. CITY OR TOWN S. W. Of Milan	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION his home		d. STREET ADDRESS (If outside, give location) S. W. of Milan	

3. NAME OF DECEASED (Type or print) First Middle Last Fred Walter Artz			4. DATE OF DEATH Month Day Year August 29, 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 6/22/1888	9. AGE (last birthday) 75	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer		11. BIRTHPLACE (City and state or country) Aledo, Ill.	
12. CITIZEN OF WHAT COUNTRY U.S.A					

13a. FATHER'S NAME Ambrose G. Artz		13b. MOTHER'S MAIDEN NAME Julia Taylor		14. NAME OF HUSBAND OR WIFE Dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 487-42-7503		17. INFORMANT Keith Artz	
				Address Milan, 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) coronary thrombosis - unfamiliar - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - DUE TO (c) -		INTERVAL BETWEEN ONSET AND DEATH infant young	
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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	
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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 _____ to _____ and last saw her alive on _____
Death occurred at 9:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. D. Simpson, D.O. coroner	22b. ADDRESS Milan, Mo.	22c. DATE SIGNED 8-30-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/1/63	23c. NAME OF CEMETERY OR CREMATORY Schrock	23d. LOCATION (City, town, or county) Sullivan County, Mo.
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24. FUNERAL DIRECTOR Schrock, Inc. by Edward Davis	ADDRESS Milan, Mo.	25. DATE RECD. BY LOCAL REG. 8-30-63	26. REGISTRAR'S SIGNATURE Mrs. M. W. Beckett
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

SEP 6 1963

DEC 4 1963

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

Geo. W. Ravalt

Licensed Embalmer No.

4799

P. O. Address

Milan, 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.