

FILED JUL 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22841**

BIRTH NO. _____ REG. DIST. NO. **L37** PRIMARY REG. DIST. NO. **3023** Registrar's No. **109**

1. PLACE OF DEATH
a. COUNTY **HENRY**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Mo** b. COUNTY **Henry**

b. CITY (If outside corporate limits, write RURAL and give township) **Clinton** c. LENGTH OF STAY (In this place) **10 years**
c. CITY (If outside corporate limits, write RURAL and give township) **Clinton Mo**

d. FULL NAME OF HOSPITAL OR INSTITUTION **223 W. Jeff** d. STREET ADDRESS (If rural, give location) **RA# 1-223 W Jeff**

3. NAME OF DECEASED
a. (First) **ETHEL** b. (Middle) **ELLEN** c. (Last) **FANTZ**

4. DATE OF DEATH (Month) (Day) (Year) **July 18 1951**

5. SEX **FEMALE** **6. COLOR OR RACE** **WHITE** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** **MARRIED** **8. DATE OF BIRTH** **Nov 9, 1891** **9. AGE** (In years last birthday) **59** **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **own Home House work** **11. BIRTHPLACE** (State or foreign country) **Ill** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13a. FATHER'S NAME **Charley Champion** **13b. MOTHER'S MAIDEN NAME** **Don't know** **14. NAME OF HUSBAND OR WIFE** **Harvey Fantz**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) **NO** **16. SOCIAL SECURITY NO.** _____ **17. INFORMANT'S SIGNATURE OR NAME** **Harvey Fantz** **ADDRESS** **Clinton**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cornary thrombosis** (b) **Chronic myocarditis** (c) _____
INTERVAL BETWEEN ONSET AND DEATH **6 months**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **None**

19a. DATE OF OPERATION **None** **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **No** **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____ **4201**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from **June 13, 1951**, to **July 15, 1951**, that I last saw the deceased alive on **June 25, 1951**, and that death occurred at **12:42 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **S. B. Hughes M.D.** **23b. ADDRESS** **Clinton, Mo.** **23c. DATE SIGNED** **7/19/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Buried** **24b. DATE** **7/20/51** **24c. NAME OF CEMETERY OR CREMATORY** **Englewood Cem** **24d. LOCATION** (City, town, or county) (State) **Clinton Mo**

DATE REC'D BY LOCAL REG. **July 20-51** **REGISTRAR'S SIGNATURE** **Florence Adair** **422** **25. FUNERAL DIRECTOR'S SIGNATURE** **J. E. Conroy** **ADDRESS** **Clinton**

0422
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

449H58

RECEIVED 7-23-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-23-51

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 _____
Student Embalmer

Signed *J. E. Casdell* _____

Licensed Embalmer No. 1891

P. O. Address *Clinton, 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 this body is not embalmed, fact should be so stated above.