

BIRTH NO.		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 796		Registrar's No. 95	
1. PLACE OF DEATH a. COUNTY <b>Moniteau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Town Rural -</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>California Mo</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <b>0680</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Louise</b>		b. (Middle) <b>Schatzer</b>		c. (Last)	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 22-1902</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <b>52-11-3</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Saline Co. Missouri</b>	
13a. FATHER'S NAME <b>Frank B. Ault</b>		13b. MOTHER'S MAIDEN NAME <b>Lida May Hamilton</b>		14. NAME OF HUSBAND OR WIFE <b>Emmet Schatzer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Emmet Schatzer California Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hypertension</b> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b> <b>5 years.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <b>12-25</b> , 19 <b>54</b> , and that death occurred at <b>6 A.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Lionel M. Gallagher MD</b>				23b. ADDRESS <b>California, Mo</b>		23c. DATE SIGNED <b>12-27-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/27/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>California Mo</b>	
DATE REC'D BY LOCAL REG. <b>12-29-54</b>		REGISTRAR'S SIGNATURE <b>H. L. Popejoy</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Williams Funeral Home</b>		ADDRESS <b>California</b>	

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

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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

*H. C. Friedmeyer*

Licensed Embalmer No. *2854*

P. O. Address *California*

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.