

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32622

BIRTH NO.		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 306	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City, Mo		264	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				d. STREET ADDRESS (If rural, give location) 1301 St. Mary's Blvd			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Julius		c. (Last) Schatzer		4. DATE OF DEATH (Month) (Day) (Year) Oct 10 - 19-1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12-26-1869	
9. AGE (In years last birthday) 85		10. IF ORDERED: YEAR 9		11. IF ORDERED: MONTHS 23		12. IF ORDERED: HOURS 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Cole County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S	
13a. FATHER'S NAME Frederick Schatzer		13b. MOTHER'S MAIDEN NAME Charlotte Schenewerk		14. NAME OF HUSBAND OR WIFE Sophia Peters Schatzer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert Schatzer - 1301 St. Mary's Jefferson City			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerotic heart disease DUE TO (c) Arterio sclerotic generalized II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200				INTERVAL BETWEEN ONSET AND DEATH 16 hr 5 hr Thompson	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		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 10/18/55, 19, to 10/19, 1955, that I last saw the deceased alive on 10/19, 1955, and that death occurred at 9:00 P.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. P. Dorris M.D.		23b. ADDRESS Jefferson City, Mo		23c. DATE SIGNED 10/21/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-22-1955		24c. NAME OF CEMETERY OR CREMATORY Salem Ev. Cemetery		24d. LOCATION (City, town, or county) (State) North of Russellville, Mo.	
DATE REC'D BY LOCAL REG. 21 Oct 1955		REGISTRAR'S SIGNATURE R. P. Dorris M.D.		25. FUNERAL DIRECTOR'S SIGNATURE H. H. Schubert		ADDRESS Russellville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

H. N. Schubert

Licensed Embalmer No. 2820

P. O. Address Russellville, 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.