

No. 300  
No. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34106**

FILED OCT 25 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **3046** Registrar's No. **60**

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

1. PLACE OF DEATH a. COUNTY <b>Monteau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Monteau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>California</b>	c. LENGTH OF STAY (in this place) <b>4 mo.</b>	c. CITY OR TOWN <b>California</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 <b>Hall's Rest Home</b>		f. STREET ADDRESS (If rural, give location) <b>06 1/2</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CHRIST</b>	b. (Middle) <b>CARL</b>	c. (Last) <b>LOTZ</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 10 1955</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Jan 16, 1874</b>	9. AGE (In years last birthday) Months Days <b>81 8 24</b>	IF UNDER 1 YEAR IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Woodwork</b>	10b. KIND OF BUSINESS OR-INDUSTRY <b>Wagon maker</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Monteau Co., Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Phillip Lotz</b>	13b. MOTHER'S MAIDEN NAME <b>Christian Busch</b>	14. NAME OF HUSBAND OR WIFE <b>Dora Mennen</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Herman Lotz</b>	ADDRESS <b>California, Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		<b>2 weeks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiovascular disease</b> DUE TO (c) <b>4/201</b>		<b>? 10 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Prostatitis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4-18**, 19**55**, to **10-10**, 19**55**, that I last saw the deceased alive on **10/14**, 19**55**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edgar A. Kelbo, M.D.</b>	23b. ADDRESS <b>218 N. Oak California</b>	23c. DATE SIGNED <b>10/11/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>10-12-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Salem Evangelical</b>	24d. LOCATION (City, town, or county) (State) <b>McBurt Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10/14/55</b>	REGISTRAR'S SIGNATURE <b>L. L. Pope</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A. E. Wilson</b>	ADDRESS <b>California, Mo</b>
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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..... *A. E. Wilson*

Licensed Embalmer No. *235*

P. O. Address *California*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.