

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37810

FILED DEC 4 1950

State File No.

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 57

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Moniteau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u> <u>0681</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>E. Howard</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>E. Howard</u> | | | |

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|--|--|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>DORA</u> b. (Middle) _____ c. (Last) <u>LOTZ</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23 1950</u> | | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>March 6, 1885</u> | | 9. AGE (In years last birthday) <u>65</u> | | 10. IF UNDER 1 YEAR: Months <u>8</u> Days <u>17</u> IF UNDER 6 HRS. Hours <u>1</u> Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Leavenworth, Kansas</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>John Mennen</u> | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Chris Lotz</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Chris Lotz</u> ADDRESS <u>California, Mo</u> | |

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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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism (thrombosis)</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis & hypertension</u> <u>12 years</u> DUE TO (c) <u>44-3</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Spastic Colitis</u> <u>15 years</u> | | |
|--|--|--|--|--|

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|--|--|--|--|--|--|
| 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 1935 to Nov 23, 1950, that I last saw the deceased alive on Nov 18, 1950, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>Edgar A. Kibbe M.D.</u> | | 23b. ADDRESS <u>218 N. Oak California</u> | | 23c. DATE SIGNED <u>11/25/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>Nov. 25, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Salem Evangelical</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>5 mi. S. East of California Mo</u> | | DATE REC'D BY LOCAL REG. <u>11-27-50</u> REGISTRAR'S SIGNATURE <u>H.K. Poppey</u> 202 FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u> ADDRESS <u>California, Mo</u> | | | |

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

RECEIVED

12/2/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12/2/50

DEC 4 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

A. E. Wilson

Signed _____

Student Embalmer

Licensed Embalmer No. 2351

P. O. Address California, 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.