

No. 300 FILED JAN 25 1952

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

2080

State File No. _____

Registrar's No. 32

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 5272	
1. PLACE OF DEATH a. COUNTY MONITEAU			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY MONITEAU		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CALIFORNIA (RURAL)		c. LENGTH OF STAY (In this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CALIFORNIA, (RURAL) 1680	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Rural Walker			d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) DOROTHEA b. (Middle) HEESS c. (Last) SCHATZER			4. DATE OF DEATH (Month) (Day) (Year) JAN. 15, 1952		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH OCT. 3, 1873		9. AGE (In years last birthday) 78		10. UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MONITEAU COUNTY U	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME PHILLIP HEESS		13b. MOTHER'S MAIDEN NAME DOROTHEA WOLFE	
14. NAME OF HUSBAND OR WIFE EDW. SCHATZER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME EMMETT SCHATZER, CALIFORNIA, MO.		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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach with liver metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 151X	
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 5:30 - 5:45		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 12-7, 1951, to 1-15, 1952, that I last saw the deceased alive on 1-14, 1952, and that death occurred at 6:14 m., from the causes and on the date stated above.					
23a. SIGNATURE Kerion Latham M.D.		23b. ADDRESS California, Mo		23c. DATE SIGNED 1-15-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/17/52		24c. NAME OF CEMETERY OR CREMATORY CITY CEMETRY	
24d. LOCATION (City, town, or county) (State) CALIFORNIA, MONITEAU, MO.		24e. FUNERAL DIRECTOR'S SIGNATURE WILLIAMS FUNERAL HOME, CALIFORNIA, MO?		24f. ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 24 1952

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed JAN 24 1952

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.....
Student Embalmer

Signed

Hugh E. Williams

Licensed Embalmer No. 3537

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.