

5. No. 300  
V. 10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. SCHWARTZ 7969  
State File No. ....

FILED APR 7 1952  
BIRTH NO. 13479 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 333

1396

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

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>	
c. LENGTH OF STAY (In this place) <b>LIFE</b>		d. STREET ADDRESS (If rural, give location) <b>2505 S. HOLLAND</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN HOSP.</b>			

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3. NAME OF DECEASED (Type or Print) a. (First) <b>PATRICIA</b> b. (Middle) <b>BACH</b> c. (Last) <b>BACH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 3 1952</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>MARCH 3 1952</b>	9. AGE (In years last birthday) <b>-- --</b>	10. UNDER 1 YEAR (Months) (Days) <b>1 0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-- --</b>	11. BIRTHPLACE (State or foreign country) <b>SPRINGFIELD, MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>R.P. BACH</b>		13b. MOTHER'S MAIDEN NAME <b>PATTY PICKERING</b>		14. NAME OF HUSBAND OR WIFE <b>X</b>	

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>R.P. BACH</b> ADDRESS <b>SPRINGFIELD, MO.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b>		DUE TO (b) <b>Congenital Cerebral</b>		<b>2 days</b>
DUE TO (c) <b>Maldevelopment</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION <b>7531</b>		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 <u>3-3-52, 19</u> , to <u>4-3-52, 19</u> , that I last saw the deceased alive on <u>4-3-52, 19</u> , and that death occurred at <u>9:35 P.M.</u> from the causes and on the date stated above.			

23a. SIGNATURE <b>E.J. Schwartz M.D.</b> (Degree or title)		23b. ADDRESS <b>609 Cherry, Springfield</b>		23c. DATE SIGNED <b>4-4-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4/5/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. MARY CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>	

DATE REC'D BY LOCAL REG. <b>4-5-52</b>	REGISTRAR'S SIGNATURE <b>James R. Amos M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H.H. Lohmeyer</b> ADDRESS <b>Springfield, 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
*Levin L. Swadley*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4815

P. O. Address. Springfield

**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: