

5. No. 300
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Speaks
FILED MAY 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16902

State File No. 198

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence 0485	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium		d. STREET ADDRESS (If rural, give location) 1403 W. Kensington	

3. NAME OF DECEASED (Type or Print) a. (First) Florence	b. (Middle) Belle	c. (Last) Schwan	4. DATE OF DEATH (Month) (Day) (Year) May 3, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 27, 1897	9. AGE (In years last birthday) 74	if UNDER 1 YEAR Months 4	if UNDER 4 HRS. Hours 6
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) Mansfield Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Theodore F. Race	13b. MOTHER'S MAIDEN NAME Laura Patrick	14. NAME OF HUSBAND OR WIFE William G. Schwan
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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) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME A.E. Terryberry	ADDRESS Index Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 6 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primarily in left mammary gland.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) Chest metastasis in left lung		7 yrs

19a. DATE OF OPERATION April 21, 1948	19b. MAJOR FINDINGS OF OPERATION Carcinoma left breast	170X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE	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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 14, 1948, to May 3, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE C. H. Miller (Degree or title) M.D.	23b. ADDRESS Independence Mo 5-7-52	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE MAY 4, 1952	24c. NAME OF CEMETERY OR CREMATORY Mansfield Cemetery	24d. LOCATION (City, town, or county) Mansfield, Ohio
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DATE REC'D BY LOCAL REG. 5-4-52	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE Roland D. Speaks	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 15 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 _____

Raymond M. Hardy

Student Embalmer No. *452*

working under my personal supervision.

Student *Raymond M. Hardy*
Student Embalmer

Signed

Roland B. Speaks

Licensed Embalmer No. *3604*

P. O. Address *Independence, 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.