

FILED SEP 2-1952

STANDARD CERTIFICATE OF DEATH

30567

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>360</u>	PRIMARY REG. DIST. NO. <u>6226</u>	Registrar's No. <u>142</u>
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Vernon</u> <u>1080</u>		
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>Rural Mos. Cole Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richards</u> <u>0</u>		
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>Richards, Mo.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RCSE By Right of Way So. R.R.</u>				
3. NAME OF DECEASED a. (First) <u>Edmund</u> (Type or Print)			b. (Middle) <u>J.</u> c. (Last) <u>Schwartz</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 27, 1952</u>		5. SEX <u>male</u>		
6. COLOR OR RACE <u>wht.</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec. 27, 1914</u>
9. AGE (In years last birthday) <u>37</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>0</u>	IF UNDER 18 HRS. Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Seed Crop Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Arizona</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Allen W. Schwartz</u>		
13b. MOTHER'S MAIDEN NAME <u>Vera Henderson</u>		14. NAME OF HUSBAND OR WIFE <u>Jewel M. Hill</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jewel M. Schwartz</u> ADDRESS <u>Richards, Mo.</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Broken neck and jaw</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>possible broken back</u>		
		DUE TO (c) <u>Internal injuries</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Tractor turned over</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Causing instant death.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>K.C. - S Right of Way</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Cole 20108 Vernon MO.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>August 27, 52, 10:00 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>over turning of tractor</u>
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, 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 <u>Walter D. Shuman</u>		23b. ADDRESS <u>Carmel Nevada Missouri</u>		23c. DATE SIGNED <u>8-30-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept. 13, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Colorado Spg. Colo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Orlando A. Cheney</u> ADDRESS <u>Ft. Scott Kansas</u>		
DATE REC'D BY LOCAL REG. <u>8-30-52</u>		REGISTRAR'S SIGNATURE <u>Mar E. Ferry</u>		

(Licensed Embalmers' Statement on Reverse Side)

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

JAN 18 1955

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.....

O. W. Cheney

Signed.....
Student Embalmer

Licensed Embalmer No. 2613

P. O. Address Fort Scott, Kansas

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.