

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37892

State File No. ....

DEC 8 1952

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>5167</u>		Registrar's No. <u>403</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Liberty Twp</u>		c. LENGTH OF STAY (In this place) <u>2 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Liberty Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Route 1 Auxvasse</u>				d. STREET ADDRESS (If rural, give location) <u>Route 1 Auxvasse</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bernice Emma</u> b. (Middle) <u>Schwentker</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2 1952</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 17, 1931</u>		9. AGE (In years) last birthday <u>20</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New Haven Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Oscar C. Schwentker</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Hiatt</u>		14. NAME OF HUSBAND OR WIFE		
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 ADDRESS <u>Oscar Schwentker Auxvasse 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, 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 Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Traumatic Epilepsy (birth)</u> <u>20 years +</u> DUE TO (c) <u>Cerebral Palsy (birth)</u> <u>20 years +</u>  II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>						
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>351 X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		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>9/16</u> , 19 <u>52</u> , to <u>12/1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12/1</u> , 19 <u>52</u> , and that death occurred at <u>12<sup>30</sup></u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thos. E. Sawyer, M.D.</u>				23b. ADDRESS <u>Mexico, Mo.</u>		23c. DATE SIGNED <u>12/4/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 4, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Auxvasse</u>		24d. LOCATION (City, town, or county) (State) <u>Auxvasse Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 6-1952</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>4267</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marpin Funeral Home Fulton Mo</u>			

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

**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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Larry A. Pleasant

Licensed Embalmer No. 3722

P. O. Address Fulton 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.