

STANDARD CERTIFICATE OF DEATH

13361

State File No. ....

FILED MAY 4 1953 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 478

1170  
WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) Rural Washington Twp. 0110	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) R. F. D. #72 Wathena Kansas	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			

3. NAME OF DECEASED (Type or Print) ANNA E SCHWEDER			4. DATE OF DEATH (Month) (Day) (Year) April 23 1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 5 1895	9. AGE (in years last birthday) 57	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Buchanan Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME John A. Kienzel		13b. MOTHER'S MAIDEN NAME Anna Ramp		14. NAME OF HUSBAND OR WIFE William L. Schweder	
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 ADDRESS William L. Schweder St. Joseph 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thromboses			INTERVAL BETWEEN ONSET AND DEATH Unknown
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis General Hard			15 yr
		DUE TO (c) Reductio Melancholia			
		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"/>	
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) 260X	
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 January, 1952 to 4-23, 1953, that I last saw the deceased alive on 4/22, 1953, and that death occurred at 6:10 A.M., from the causes and on the date stated above.

22a. SIGNATURE Duval L. Dawson (Degree or title) M.D.		22b. ADDRESS St. Joseph Mo.		22c. DATE SIGNED 4/23/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr. 25 1953		24c. NAME OF CEMETERY OR CREMATORY Green Cemetery		24d. LOCATION (City, town, or county) (State) Andrew County Missouri	
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DATE REC'D BY LOCAL REG. April 27, 1953		REGISTRAR'S SIGNATURE Esther M. Allison 485		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph Mo.	
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JUN 22 1953

MAY 24 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Charles E. Bennett*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4677*

P. O. Address *St Joseph 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.