

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43612

State File No.

Registrar's No. 32

FILED DEC 29 1953

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5756

No. 300
10-48

0630
1

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

1. PLACE OF DEATH a. COUNTY MARIES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MARIES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (Jefferson twhp)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (Jefferson Township)	
c. LENGTH OF STAY (On this place) 28 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION FAMILY HOME		d. STREET ADDRESS (If rural, give location) 0630	

3. NAME OF DECEASED (Type or Print)	a. (First) AUGUST	b. (Middle) WILLIAM	c. (Last) SCHWEER	4. DATE OF DEATH (Month) (Day) (Year) DEC 12th 1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 11-1895	9. AGE (In years last birthday) 58 yrs	IF UNDER 1 YEAR Months Days	IF UNDER 100 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME FREDERICK SCHWEER	13b. MOTHER'S MAIDEN NAME MAGGIE ROESNER	14. NAME OF HUSBAND OR WIFE GUSTA GROFF
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY (If yes, give war or dates of service) 498-09-6975	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gusta Schweer-Summerfield
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Glioma, malignant, recurrent		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 193X			

19a. DATE OF OPERATION Oct. 10, 1953	19b. MAJOR FINDINGS OF OPERATION Malignant glioma, rt. temporal lobe	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Aug 16, 1952, to Dec 12, 1953, that I last saw the deceased alive on Dec 12, 1953, and that death occurred at 5:40 a. m., from the causes and on the date stated above.

23a. SIGNATURE F. L. Kozal, M.D. (Degree or title)	23b. ADDRESS Belle, Mo.	23c. DATE SIGNED Dec. 14, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 14th 53	24c. NAME OF CEMETERY OR CREMATORY Koenig Methodist	24d. LOCATION (City; town, or county) (State) Osage County, Missouri
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DATE REC'D BY LOCAL REG 12-22-53	REGISTRAR'S SIGNATURE Pauline Howard	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Joseph J. ... Belle
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DEC 3

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

Arthur S. [Signature]

Licensed Embalmer No. 4178

P. O. Address Blair - [Signature]

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.