

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **486**

BIRTH NO. **FILED FEB 8 1954** REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **82**

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place) 17 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cape Osteopathic Hospital		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dutchtown	
3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Annie c. (Last) Schwab		4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 5, 1875
9. AGE (In years last birthday) 78		10. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Gordonville, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Bethe		13b. MOTHER'S MAIDEN NAME Kussbaum	
13c. NAME OF HUSBAND OR WIFE John Schwab		14. NAME OF HUSBAND OR WIFE John Schwab	
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 Jaunita Schwab		ADDRESS Dutchtown, Mo.	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Necrosis	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Emboli	
		DUE TO (c) Arteriosclerosis	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephritis, Myocarditis, Diabetes, Senility	
19a. DATE OF OPERATION 1/28/54		19b. MAJOR FINDINGS OF OPERATION Amputation of Superficial Leg. 332 X	
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)			
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 Jan 22, 1954 to Feb 3, 1954 , that I last saw the deceased alive on Feb. 3, 1954 , and that death occurred at 11:15 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE M. J. Newell (Degree or title) D.O.		23b. ADDRESS 28 S. Spanish Cape Girardeau, Mo.	
23c. DATE SIGNED Feb 4, 1954			
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/5/54	
24c. NAME OF CEMETERY OR CREMATORY Old City Cemetery		24d. LOCATION (City, town, or county) (State) Jackson, Mo.	
DATE REC'D BY LOCAL REG. 2-4-54		REGISTRAR'S SIGNATURE C. C. Summers	
25. FUNERAL DIRECTOR'S SIGNATURE C. J. Long		ADDRESS Cape Girardeau, Mo.	

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

J. L. Loberg
Licensed Embalmer No. *3810*
P. O. Address *Cape Girardeau*

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.