

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5712 State File No.

5942

BIRTH NO. FILED FEB 24 1954 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 2053 Registrar's No. 29

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|---|------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Phelps | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps | |
| b. CITY (If outside corporate limits, write RURAL and give town(ship) OR TOWN Rolla <i>Imp. Rural</i> ^(township) <i>Rolla</i> Life | | c. CITY OR TOWN <i>Rolla Rural</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>So. Edge of Rolla</i> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| e. STREET ADDRESS (If rural, give location) <i>Route No. 2 So. Edge Rolla</i> | | 0870 0 | |
| 3. NAME OF DECEASED (Type or Print) | a. (First) HENRY | b. (Middle) PETER | c. (Last) SCHWARTZ |
| 4. DATE OF DEATH Feb. 9, 1954 | | (Month) (Day) (Year) | |
| 5. SEX Male <i>0</i> | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Mar. 1, 1868 |
| 9. AGE (In years last birthday) 85 | | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Miller & Farmer Retired</i> | | 10b. KIND OF BUSINESS OR INDUSTRY Self | 11. BIRTHPLACE (City and State or Foreign Country) <i>Rolla, Missouri</i> |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Henry Schwartz | |
| 13b. MOTHER'S MAIDEN NAME Elizabeth Dickson | | 14. NAME OF HUSBAND OR WIFE Hannah Schwartz | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No XX | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hannah Schwartz, Rt. 2 Rolla Mo., |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>12 hours</i> | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <i>Chronic Myocarditis</i> | |
| DUE TO (c) | | DUE TO (c) <i>Senile degeneration</i> | |
| 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 <i>4201</i> | |
| 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 (Month) (Day) (Year) (Hour) (Minute) (Second) m. | | 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 <i>5/19, 1952</i> to <i>2/9, 1954</i> , that I last saw the deceased alive on <i>2/9, 1954</i> , and that death occurred at <i>10:30 P. m.</i> , from the causes and on the date stated above. | |
| 23a. SIGNATURE <i>Wm. P. ...</i> (Degree or title) | | 23b. ADDRESS <i>Rolla Mo</i> | |
| 23c. DATE SIGNED <i>2/2/54</i> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE Feb. 13, 1954 | | 24c. NAME OF CEMETERY OR CREMATORY <i>Macedonia Cemetery</i> | |
| 24d. LOCATION (City, town, or county) (State) <i>No. Rolla, Phelps Mo.,</i> | | DATE REC'D BY LOCAL REG. <i>Feb. 15, 1954</i> | |
| REGISTRAR'S SIGNATURE <i>Nadine L. Stoll</i> | | EMBALMER'S SIGNATURE <i>Paul E. Null</i> | |
| ADDRESS <i>Rolla, Mo.,</i> | | ADDRESS <i>Rolla, Mo.,</i> | |

(Licensed Embalmer's Statement on Reverse Side)

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..... Signature of Student Embalmer

Signed..... Paul E. Nullo

Licensed Embalmer No. 449

P. O. Address..... Rolla, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.