

FILED JUL 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19647

State File No.

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write BURAU and give township) <u>St James</u>	c. LENGTH OF STAY (In this place) <u>75 yrs</u>	c. CITY OR TOWN <u>St James</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) _____	c. (Last) <u>Schwindt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 5, 1955</u>
-------------------------------------	---------------------------	-------------------	---------------------------	---

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 19, 1875</u>	9. AGE (In years last birthday) <u>79</u> Months <u>5</u> Days <u>16</u> Hours _____ Min. _____
--------------------	-------------------------------	---	---------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Cologne, Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>Peter Schwindt</u>	13b. MOTHER'S MAIDEN NAME <u>Christine Fischer</u>	14. NAME OF HUSBAND OR WIFE <u>Ella Mae Schwindt</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Lena Hughes (daughter)</u> ADDRESS <u>St. James 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS GENERALIZED</u>		
	DUE TO (c) _____		
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) <u>St. James Mo.</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 9-21-53, 1953, to 7-4, 1955, that I last saw the deceased alive on 1-8, 1955, and that death occurred at 10:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert C. Leonard MD</u>	23b. ADDRESS <u>St. James, Mo.</u>	23c. DATE SIGNED <u>7-6-55</u>
--	------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 7, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Miles Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Phelps Co. Mo.</u>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>July 7, 1955</u>	REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Oral E. Libbidee</u> ADDRESS <u>St James Mo.</u>
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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 me, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas E. Liekhuil

Licensed Embalmer No. 35

P. O. Address S. J. Gum

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.