

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17287

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps 0810</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rolla 0</b> )		c. CITY OR TOWN <b>Rolla</b>	
c. LENGTH OF STAY (in this place) <b>7 Weeks</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Phelps County Memorial Hospital</b>			
STREET ADDRESS (If rural, give location) <b>Rt. No. 1 So. Edge of Rolla</b>			
3. NAME OF DECEASED a. (First) <b>HANNAH</b>		b. (Middle) <b>..</b>	
c. (Last) <b>SCHWARTZ</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12 May 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>27 October 1869</b>
9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Marion County Mo. 0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
13a. FATHER'S NAME <b>Thomas Branson</b>		13b. MOTHER'S MAIDEN NAME <b>Elvina Cox</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>XX</b>	
14. NAME OF HUSBAND OR WIFE <b>Henry P. Schwartz (Deceased)</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Paul Tower, Rolla Mo.,</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Liver</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>C Metastasis to Both Lungs</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio Sclerosis</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>1 year.</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>1561</b>	
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) (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 <b>5/19</b> , 1956, to <b>5/12</b> , 1956, that I last saw the deceased alive on <b>5/12</b> , 1956, and that death occurred at <b>11:45 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>D.O. Stoll</b>		23b. ADDRESS <b>Rolla Mo.</b>	
23c. DATE SIGNED <b>5/14/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>15 May 1956</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Macedonia Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Rural, Rolla Phelps Mo.,</b>	
DATE REC'D BY LOCAL REG. <b>May 15, 1956</b>		REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Null &amp; Sons Funeral Home</b>		ADDRESS <b>Rolla Mo.,</b>	
By <b>Paul E. Null</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 416

Date Filed May 22 '56

MAY 23 1956

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. Ne

Licensed Embalmer No. 44

P. O. Address Rolla,

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.