

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38986**

FILED NOV 19 1956

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3252** Registrar's No. **418**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa b. COUNTY Not known	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY OR TOWN Mendo	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 hour		e. STREET ADDRESS (If rural, give location) 8140 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hotel			

3. NAME OF DECEASED a. (First) MARY b. (Middle) KATHERINE c. (Last) SCHWARTZ			4. DATE OF DEATH (Month) (Day) (Year) Nov 15 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 4 1896	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Annamosher West Va		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alexander Chancey	13b. MOTHER'S MAIDEN NAME Eliza Souborn	14. NAME OF HUSBAND OR WIFE John Schwartz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME John Schwartz
		ADDRESS Mendo Iowa

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral sclerosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral sclerosis		
	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) 4201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (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 **as Coroner**, 19 **10**, that I last saw the deceased **alive on 10**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Chas. Gordon Steuffer (Degree or title) Coroner		23b. ADDRESS Coroners Pettis Co		23c. DATE SIGNED 11-15-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-16-56	24c. NAME OF CEMETERY OR CREMATORY Mendo cem - Mendo	24d. LOCATION (City, town, or county) (State) Iowa	
DATE REC'D BY LOCAL REG. 11-16-56		REGISTRAR'S SIGNATURE Lurina Coontz Deputy	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. Laughlin Bros Sedalia	

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

1961 6 MAR

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 *K.P.M. Leary*
Licensed Embalmer No. *3153*
P. O. Address *Sedalia*

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.