FILED DEC 24 1956

STANDARD CERTIFICATE OF DEATH

41181
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1150

1. PLACE OF DEATH a. COUNTY: Greene	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Inside Limits: Yes X No ☐	c. CITY OR TOWN: Springfield 03960 — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Medical Center for Federal Prisoners — Length of stay in 1b: employee, not patient	d. STREET ADDRESS (If outside, give location): 405 Broadmoor Drive — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: Francis	Middle: Raymond	Last: Schwartze
4. DATE OF DEATH	Month: December	Day: 19	Year: 1956
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: April 5, 1920
9. AGE (In years last birthday): 36	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook & Steward	10b. KIND OF BUSINESS OR INDUSTRY: Bureau of Prisons	11. BIRTHPLACE (City and state or country): Colorado Springs, Colo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Francis Raymond Schwartze, Sr.		14. MOTHER'S MAIDEN NAME: Pearl Marie Elledge	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 2	16. SOCIAL SECURITY NO.: 524-09-2127 ~~487-28-7982~~	17. INFORMANT: Personnel File: Medical Center for Fed. Prisoners, Springfield, Mo.	Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ventricular fibrillation, suspected.	seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Infarction of myocardium	hours ?
DUE TO (c)	Arteriosclerotic heart disease	over 2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ----------

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year ----------

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from XXXXXXXXXX, to XXXXXXXXX and last saw him alive on XXXXXX

Death occurred at 9:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title): Jesse D. Harris, MD	22b. ADDRESS: Medical Center for Fed. Prisoners, Springfield, Mo.	22c. DATE SIGNED: 12-19-56	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 12-26-1956	23c. NAME OF CEMETERY OR CREMATORY: National Cemetery	23d. LOCATION (City, town, or county) (State): Springfield Missouri
24. FUNERAL DIRECTOR: Rex Ramey	ADDRESS: Springfield, Mo.	25. DATE RECD. BY LOCAL REG.: 12-21-56	26. REGISTRAR'S SIGNATURE: Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Part I. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No. ...

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 331

P. O. Address Springfie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
- 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.