

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1957

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5187 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CAPE GIR</u>	
b. CITY (If outside limits of the RURAL and give township) <u>RURAL DUTCHTOWN TWP</u> c. LENGTH OF STAY (in this place) <u>22 YRS.</u>		c. CITY OR TOWN <u>DUTCHTOWN</u> d. Is 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>CASIMER</u> b. (Middle) <u>JACOB</u> c. (Last) <u>SCHWACH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 2, 1957</u>		
5. SEX <u>MALE</u> b. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 25, 1861</u>	
9. AGE (In years last birthday) <u>96</u>		10. MONTHS <u>0</u>		11. DAYS <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER (RET.)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CAPE COUNTY, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JACOB SCHWACH</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA OFSCHI</u>	
14. NAME OF HUSBAND OR WIFE <u>MARY JOCLINE SCHWACH</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>HERMAN M. SCHWACH</u>		18. ADDRESS <u>DUTCHTOWN, MO.</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. INTERVAL BETWEEN ONSET AND DEATH <u>5 or 6 yrs</u>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. Arthritis</u>		MEDICAL CERTIFICATION		
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>very old age</u>		DUE TO (c) _____		
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (d) _____		

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		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>725X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 1952 to 1957, that I last saw the deceased alive on Jan 28, 1957, and that death occurred at 9 m., from the cause and on the date stated above.

23a. SIGNATURE <u>W. W. DAVANLH MA</u>		23b. ADDRESS <u>Delta MO</u>		23c. DATE SIGNED <u>Feb 3-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 4, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. EDWARD'S CATHOLIC CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>DUTCHTOWN, MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BISPLINGHOFF FUNERAL HOME - CHAFFEE, MO.</u>			
DATE REC'D BY LOCAL REG. <u>2-5-57</u>		REGISTRAR'S SIGNATURE <u>W. C. Summers</u>		25. FUNERAL DIRECTOR'S ADDRESS _____	

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

440

1961 6 70P

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 *Jack J. Burnett*.....
Licensed Embalmer No. *447*

P. O. Address *Chaffee, 1*

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