

S. No. 300
v. 10.48

FILED JUL 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20343

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5187 Registrar's No. 324

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MISSOURI</u> b. COUNTY <u>CAPE GIRARDEAU</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DUTCHTOWN, HURDLE</u>		c. LENGTH OF STAY (In this place) <u>22 YRS.</u>	c. CITY OR TOWN <u>DUTCHTOWN</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) _____ <u>cl 6°</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>JACOBINA</u> c. (Last) <u>SCHWACH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 28 1957</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 25, 1872</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR: Months <u>11</u> Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>COLUMBIA, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>JACOB FREDRICK</u>		13b. MOTHER'S MAIDEN NAME <u>GERTRUDE THEISIN</u>		14. NAME OF HUSBAND OR WIFE <u>CASIMER JAKUB SCHWACH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. DANE BRINK - DUTCHTOWN, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) <u>high blood pressure</u> <u>old age</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> 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>H201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from July 29, 1957 to June 28, 1957, that I last saw the deceased alive on June 24, 1957 and that death occurred at 8:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. D. Sella M.D.</u>		23b. ADDRESS <u>Sella Mo</u>		23c. DATE SIGNED <u>June 30 '57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-1-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. EDWARDS CATHOLIC CEM.</u>	
				24d. LOCATION (City, town, or county) (State) <u>DUTCHTOWN, MISSOURI</u>	

DATE REC'D BY LOCAL REG. <u>7-2-57</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DISPLINGHOFF FUNERAL HOME - CHAFFEE, MO.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

44-0

JUL 9 1957

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. Sumett*

Licensed Embalmer No. 4473

P. O. Address *Chaffee, Mo*

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.