Health, & Welfare Public h Service

FILED NOV 12 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 36866

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 455

1. PLACE OF DEATH a. COUNTY Pettis b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Inside Limits Yes ☒ No ☐ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hosp Length of stay in this place 7 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Benton c. CITY OR TOWN WARSAW Inside Limits Yes ☐ No ☒ d. STREET ADDRESS (If outside, give location) 2-M-S-WARSAW Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First RALPH Middle LAURANCE Last SCHWAB 4. DATE OF DEATH Month Nov Day 4 Year 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH Dec 7, 1898 9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months 10 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY Farm owner 11. BIRTHPLACE (City and state or country) Adubon Co. Iowa 12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME Peter Schwab 13b. MOTHER'S MAIDEN NAME Rosie Flochinger 14. NAME OF HUSBAND OR WIFE Mattie Schwab

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 480-30-2333 17. INFORMANT Mattie Schwab Address Warsaw, Mo

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) Partial Obstruction to the Rt. Iliac Artery Since Oct. 29th, 57.

Please see other side.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) Large Gastric Ulcer on the lesser curvature of the Stomach. Severe homorrhage. 10-29-57

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5400

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ None. 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 None.

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 Oct. 29th, 1957, to Nov. 4th, 1957 I last saw her/him alive on II-4-57

Death occurred at II A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jno. B. Carlisle M.D. (Degree or title) 22b. ADDRESS Sedalia, Missouri. 22c. DATE SIGNED II-4-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 11-6-1957 23c. NAME OF CEMETERY OR CREMATORY Exira Cemetery 23d. LOCATION (City, town, or county) (State) EXIRA IOWA

24. FUNERAL DIRECTOR Reser Funeral Home ADDRESS Warsaw 25. DATE RECD. BY LOCAL REG. 11-5-57 26. REGISTRAR'S SIGNATURE Frances Shelby

(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 item 18. No symptoms will be listed. All diseases in Part I must be causally related.

541 0

On September 5th last this man was operated on at the Mayo Clinic. A nylo
Replacement was inserted in his aorta. Apparently from the history obtaine
this transplant was, low in the aorta. The patient came into the Bothwell
Memorial Hospital on October 29th. He was at that time vomiting and passi
blood from the rectum. This was found to be due toa large gastric ulcer on
lesser curvature of the stomach. This was made out by X-Ray. The man also
plained of severe pain down the entire right leg. This was not andcould n
be relieved by ordinary sedation. It is my impression that probably the
transplant was causing some obstruction to the right iliac, artery.
Knowing that a post- mortem examination was not be granted I did not ask
one but I am unable to make a definite diagnosis without one.

Jno. B. Carlisle M.
Jno. B. Carlisle, M.D
Sedalia, Missouri,
November 4th, 1957.

VS MAY 17 1961

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 ..... Signed Jack Wiser .....
Signature of Student Embalmer

Licensed Embalmer No. 4643
P. O. Address Warsaw, M

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.