Dept. Health, Ed., & Welfare U. S. Public Health Service

V. S. 300 Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 8 1958

43999
STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY GASCONADE
b. CITY OR TOWN HERMANN — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) E. 8th ST — Length of stay in 1b 30 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY GASCONADE
c. CITY OR TOWN HERMANN — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) W. 8th ST. — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First ELIZABETH Middle Last SCHWEERKOTTING
4. DATE OF DEATH Month DEC Day 27 Year 1957
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH SEPT. 15 1869
9. AGE (In years Last birthday) 88 — 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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (City and state or country) MORRESVILLE Ind.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME (UNKOWN) WESTENFIELD
13b. MOTHER'S MAIDEN NAME UNKOWN
14. NAME OF HUSBAND OR WIFE FRANK SCHWEERKOTTING
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT LORENE BOTTERMOLLER Address HERMANN Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute circulatory failure — INTERVAL BETWEEN ONSET AND DEATH 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic cardiac failure — 18 mo.
DUE TO (c) Pneumonia — 18 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 493X
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 Nov. 19, 1952, to Dec. 27, 1957 and last saw her/him alive on Dec. 24, 1957
Death occurred at 3:05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. A. Jeter (Degree or title) M.D.
22b. ADDRESS Hermann, Mo.
22c. DATE SIGNED 12/29/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 12/29/57
23c. NAME OF CEMETERY OR CREMATORY HERMANN CEMETERY
23d. LOCATION (City, town, or county) HERMANN (State) Mo

24. FUNERAL DIRECTOR HUGO H. BLUNCK ADDRESS HERMANN Mo
25. DATE RECD. BY LOCAL REG. 12-29-57
26. REGISTRAR'S SIGNATURE Delma Gerken Uffelman

(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.

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 Roger W. Blumer, Student Embalmer No. 553 working under my personal supervision.

Student Roger W. Blumer
Signature of Student Embalmer

Signed Hugo H. Blumer

Licensed Embalmer No. 3166

P. O. Address Germantown Md

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.