

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32000-58

58-017236

STATE FILE NUMBER

FILED JUN 13 1958

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 124

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		c. CITY OR TOWN <b>Warrenton</b> <sup>1090</sup>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Hospital</b>		d. STREET ADDRESS <b>R.F.D. #1</b>	
Length of stay in lb <b>18 hrs.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Terry</b> Middle <b>Schwartz</b> Last <b>Schwartz</b>		4. DATE OF DEATH Month <b>June</b> Day <b>2</b> Year <b>58</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 1, 58</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>0</b>
13a. FATHER'S NAME <b>Henry Schwartz</b>		13b. MOTHER'S MAIDEN NAME <b>Sherley Groeber</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Mexico, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respiratory failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Premature birth at 6 1/2 mo gestation</b> DUE TO (c) <b>7935</b>		14. NAME OF HUSBAND OR WIFE	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		17. INFORMANT Address <b>Henry Schwartz, Warrenton, Mo.</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 Death occurred at <b>6-1-58</b> to <b>6-2-58</b> and last saw him alive on <b>6-2-58</b> <b>4:20 p.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>M.D.</b>	
22b. ADDRESS <b>Mexico, Mo</b>		22c. DATE SIGNED <b>June 3, 1958</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>June 3, 58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Warrenton</b>
24. FUNERAL DIRECTOR <b>Carl A. Hedberg</b>		23d. LOCATION (City, town, or county) <b>Warrenton, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>June 3, 1958</b>
ADDRESS <b>Warrenton, Mo</b>		26. REGISTRAR'S SIGNATURE <b>Bonnie Neely</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Occur, cancer, 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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Carl A. Hardens* .....

Licensed Embalmer No. *4115* .....  
P. O. Address *Greensburg* .....

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.