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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-039332
STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 353

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City, Mo. Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Marys Hospital Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cole
c. CITY OR TOWN: St. Joseph Home of the Aged Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1350 W Main Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: JOSEPH Middle: — Last: SCHWALLER

4. DATE OF DEATH Month, Day, Year: DEC. 3, 1958

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐ **8. DATE OF BIRTH:** June 27, 1869 **9. AGE** (In years last birthday): 89 IF UNDER 1 YEAR: Months 5 Days 4 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Contractor **10b. KIND OF BUSINESS OR INDUSTRY** **11. BIRTHPLACE** (City and state or country): Wardsville, Mo. **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME: George Schwaller **13b. MOTHER'S MAIDEN NAME:** Mary Hoffmeyer **14. NAME OF HUSBAND OR WIFE:** Freida Bode

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.:** 490-30-7856 **17. INFORMANT** Address: Leo Schwaller J C Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Senile arteriosclerotic nephrosclerosis 2 uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerotic cardiovascular disease — 1 1/2 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 442X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 4/12/57 to 11/29/58 and last saw ~~her~~ him alive on 11/29/58
Death occurred at 7:30 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J V Tanaguax (Degree or title) MD **22b. ADDRESS** 515 E Heights **22c. DATE SIGNED** 12/8/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE:** 12/6/58 **23c. NAME OF CEMETERY OR CREMATORY:** St. Peters **23d. LOCATION** (City, town, or county) (State): Jefferson City, Mo.

24. FUNERAL DIRECTOR Sylvester Dielle **ADDRESS** J C Mo. **25. DATE RECD. BY LOCAL REG.** 10 December 1958 **26. REGISTRAR'S SIGNATURE** R. P. Dorris, Mo. M.R.

(Licensed Embalmer's Statement on Reverse Side)

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

Student .....
Signature of Student Embalmer

Signed Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City

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.