

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040187
STATE FILE NUMBER
5062

FILED NOV 24 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300
-1-57

All diseases in Part I must be causally related.

R. H. Boyd, Jr. • USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Independence 7805 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION North East Hosp. Length of stay in lb 4 days		d. STREET ADDRESS (If outside, give location) 572 Glenwood Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Gustav Middle Emil Last Schwensen			4. DATE OF DEATH Month Oct Day 25 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 5, 1901
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	11. BIRTHPLACE (City and state or country) Benton Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Christian Schwensen	
14. MOTHER'S MAIDEN NAME Mattie Entellman		15. NAME OF HUSBAND OR WIFE Mrs. Flora Schwensen	
16. SOCIAL SECURITY NO. 499 14 5598		17. INFORMANT Mrs. Flora Schwensen Address Independence, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic cirrhosis alcoholic DUE TO (b) Nephritis and DUE TO (c) Cardiac enlargement PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5811			INTERVAL BETWEEN ONSET AND DEATH 6 months 1 year 3 years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 10-21-58 to 10-25-58 and last saw her/him alive on 10-25-58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R H Boyd Jr D.O. (Degree or title)		22b. ADDRESS 9529 Truman Road Independence Mo	
22c. DATE SIGNED 10-27-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial-Removal		23b. DATE Oct 28, 1958	
23c. NAME OF CEMETERY OR CREMATORY Parks Cemetery		23d. LOCATION (City, town, or county) (State) Cole Camp, Missouri	
24. FUNERAL DIRECTOR Geo. C. Carson & Son s		25. DATE RECD. BY LOCAL REG. 10-27-58	
26. REGISTRAR'S SIGNATURE Irene Marshall			

ADY 2 1964

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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 *A. D. Gibson*

Licensed Embalmer No. *4871*
P. O. Address *Indep. 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.