t. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 25 1958

58-040822
STATE FILE NUMBER

Registration District No. 234 Primary Registration District No. 5815 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY Morgan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) RR#2 Stover Mo. Inside Limits Yes ☐ No ☒
c. ~~FULL NAME OF (If not in hospital, give location)~~ HOSPITAL OR INSTITUTION Length of stay in Lb
Burnt Hawcreek Twp

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City Mo 0164 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 312 Case Ste. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last KATHRYN Josephine Schwenk

4. DATE OF DEATH Month Day Year Nov 20, 1958

5. SEX F 1
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH July 4, 1887
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 4 Days 16 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
11. BIRTHPLACE (City and state or country) Jefferson City Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Albert Noteis
13b. MOTHER'S MAIDEN NAME Betty Fux
14. NAME OF HUSBAND OR WIFE Fred W. Schwenk.

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 Charles Schwenk Address J C 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) Hypertension — 5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 _____, to _____ and last saw her/him alive on _____
Death occurred at 6.30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lene R. Bartram Coroner
22b. ADDRESS Versailles Mo
22c. DATE SIGNED 20 Nov 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/22/58
23c. NAME OF CEMETERY OR CREMATORY St Peters
23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.

24. FUNERAL DIRECTOR Sylvester Dulle ADDRESS J.C. Mo
25. DATE RECD. BY LOCAL REG. Nov. 22-1958
26. REGISTRAR'S SIGNATURE Wm L. Ripperger

(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.

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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 Sylvester Drolle

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.