

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006775  
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 59

300  
-57

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kentucky b. COUNTY Daviess	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Owensboro
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lindenwood College		Length of stay in 1b 30	d. STREET ADDRESS (If outside, give location) 1414 Griffith Ave.
3. NAME OF DECEASED (Type or print) First Middle Last Marilyn Loo Schwartz			4. DATE OF DEATH Month Day Year March 1, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 12, 1940
9. AGE (In years last birthday) 19		IF UNDER 1 YEAR Months Days 0 19	IF UNDER 24 HRS. Hours Min. 0 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Student	11. BIRTHPLACE (City and state or country) Owensboro, Ky.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Victor J. Schwartz	13b. MOTHER'S MAIDEN NAME Katherine Lee
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None
17. INFORMANT Lindenwood College, St. Charles, Mo.		Address	
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 pulmonary edema DUE TO (b) Acute viral pneumonia DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 4 hours 24 hrs.
19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 Feb 27, 1959 to March 1, 1959 and last saw her alive on Feb 28, 1959 Death occurred at 1:00 A M on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Eugene J. Lawry, M.D.		22b. ADDRESS St. Charles, Mo	22c. DATE SIGNED March 1, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/3/59	23c. NAME OF CEMETERY OR CREMATORY Rose Hill
23d. LOCATION (City, town, or county) Owensboro Ky		23e. STATE (State)	
24. FUNERAL DIRECTOR Davis Funeral Home Owensboro Ky		25. DATE RECD. BY LOCAL REG. MARCH 1-59	26. REGISTRAR'S SIGNATURE Marcella Wilson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 13 1959

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 ..... *Arthur O. Paul*

Licensed Embalmer No. *3151*

P. O. Address ..... *A. C. Paul*

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.