

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016744

FILED JUN 1 1959 Registration District No. 38 Primary Registration District No. 3006 STATE FILE NUMBER Registrar's No. 245

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Columbia
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 104 Orr St.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 104 Orr St.
3. NAME OF DECEASED (Type or print) First Middle Last JAMES ROBERT CLAY SCHWABE			4. DATE OF DEATH Month Day Year May 27 1959
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 10/6/1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Real Estate salesman		10b. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (City and state or country) Boone County Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Clay Schwabe	
13b. MOTHER'S MAIDEN NAME Sarah McCaskey		14. NAME OF HUSBAND OR WIFE Roxie Rader Schwabe	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 195-36-2626	17. INFORMANT Roxie Schwabe
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction</i>		INTERVAL BETWEEN ONSET AND DEATH 24 h.	
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) <i>Senile degeneration</i>			
DUE TO (c) <i>Chronic Arteriosclerosis</i>		5 yr.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7220		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 <i>May 1955</i> to <i>May 27 59</i> and last saw ^{him} alive on <i>May 27 1959</i> Death occurred at <i>5:27-59 7:55 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>R. E. Palmer DO 2</i>		22b. ADDRESS <i>Columbia Mo</i>	22c. DATE SIGNED <i>5/28/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/29/1959	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) Columbia, Missouri
24. FUNERAL DIRECTOR Parkers Funeral Serv. Columbia, Mo.		25. DATE RECD. BY LOCAL REG. May 28 1959	26. REGISTRAR'S SIGNATURE Mrs R. E. Palmer

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *George P. Kirby*

Licensed Embalmer No. *11752*

P. O. Address *Columbia, S.C.*

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.