

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031274

FILED VS AUG 25 1959 360

Registration District No. _____ Primary Registration District No. 3076 Registrar's No. 185

STATE FILE NUMBER

| | | | | | | |
|---|--|---|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u> Length of stay in 1b <u>Lifetime</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> c. CITY OR TOWN <u>Nevada</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>301 South Oak</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>CECIL</u> Middle <u>RAYMOND</u> Last <u>SCHWENCK</u> | | | 4. DATE OF DEATH Month <u>August</u> Day <u>5</u> Year <u>1959</u> | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>Wh</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>May 21, 1913</u> | 9. AGE (last birthday) <u>46</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner package store</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Package store</u> | | 11. BIRTHPLACE (City and state or country) <u>Nevada, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
| 13a. FATHER'S NAME <u>Thomas H. Schwenck</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Pelya Fowble</u> | | 14. NAME OF HUSBAND OR WIFE <u>Jane Schwenck</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | 16. SOCIAL SECURITY NO. <u>569-16-9C92</u> | 17. INFORMANT (Address) <u>Jane Schwenck 301 South Oak Street Nevada, Missouri</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hepatic Cirrhosis</u> DUE TO (b) <u>Carcinoma of liver</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs at 1 yr</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 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 <u>Aug 2 1959</u> to <u>Aug 5, 1959</u> and last saw him alive on <u>Aug 5 1959</u> Death occurred at <u>5:03 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE (Deceased or title) <u>Raymond Schwenck MD</u> | | | 22b. ADDRESS <u>Nevada, Missouri</u> | | 22c. DATE SIGNED <u>8/5/59</u> | |
| 23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>August 7, 1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Deepwood Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u> | | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Ferry Funeral Home Nevada, Missouri</u> | | 25. DATE RECD. BY LOCAL REG. <u>8-21-1959</u> | 26. REGISTRAR'S SIGNATURE <u>Anna E. Jones</u> | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Aug 5 1937

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. Augustus [Signature]

Licensed Embalmer No. 4960

P. O. Address Memphis

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.