

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035760

FILED VS NOV 4 1959

119

Primary Registration District No. 5443

Registrar's No. 44

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY GASCONADE				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MO b. COUNTY GASCONADE			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ROARK TWP		Length of stay in lb 22 DAYS		c. CITY OR TOWN (ROARK TWP)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION FRENE VALLEY HOME			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 3mi. EAST of HERMANN			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CONRAD Middle Schwartz Last Schwartz				4. DATE OF DEATH Month Oct. Day 25 Year 1959			
5. SEX MALE	6. COLOR OR RACE CAU.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/1/1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY G'N'L FARMING		11. BIRTHPLACE (City and state or country) HERMANN MO		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME CHARLES Schwartz			13b. MOTHER'S MAIDEN NAME CHRISTINA KAISER		14. NAME OF HUSBAND OR WIFE HENRIETTA Schwartz		
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. NONE		17. INFORMANT Address ELMER Schwartz HERMANN 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) Bronchopneumonia INTERVAL BETWEEN ONSET AND DEATH 4 days							
Part II Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Part II due to (b) Carcinoma prostate; acute pyelonephritis. due to (c) arteriosclerotic heart disease, diverticulae							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) of bladder, stricture urethra							
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 12-20-48 to 10-25-59 and last saw ^{her} him alive on 10-24-59 Death occurred at 4:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Carroll T. Shaw, M.D.				22b. ADDRESS Hermann, Mo.		22c. DATE SIGNED 10-26-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10/18/59	23c. NAME OF CEMETERY OR CREMATORY HERMANN CEMETERY		23d. LOCATION (City, town, or county) HERMANN		(State) MO	
24. FUNERAL DIRECTOR HUGO H BLUMER			ADDRESS HERMANN MO	25. DATE RECD. BY LOCAL REG. 10-27-59	26. REGISTRAR'S SIGNATURE Delma Uffelman		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Hugo H. Blum

Licensed Embalmer No. 3160

P. O. Address Herrmann St

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.