

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 21 1959 76

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STATE FILE NUMBER 44997-59

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 46

MEMORANDUM

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. James		c. CITY OR TOWN St. James	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If outside, give location) 204 E. Scioto St.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Etta Middle May Last Schwindt			4. DATE OF DEATH Month Dec Day 17 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov 11, 1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months 1 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Marion Co., Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Henry Collier		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE William	

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 Mrs Edward Hughes, St. James, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Compound fx of skull, Brain destruction		Instant
DUE TO (b)		
DUE TO (c) Struck by railway engine		
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Crossing railroad tracks.
20c. TIME OF INJURY 2:30 p.m.	Month, Day, Year 12-17-59	Republic Crossing
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street crossing	20f. CITY, TOWN, OR LOCATION St James Phelps Mo
21. I attended the deceased from _____ to _____ and last saw her/him _____.		Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S. L. Powell - Embalmer	22b. ADDRESS Phelps, Mo.	22c. DATE SIGNED 12/18/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 19, 1959	23c. NAME OF CEMETERY OR CREMATORY Miles Cemetery
23d. LOCATION (City, town, or county) Phelps Co., Mo.		

24. FUNERAL DIRECTOR Jesse Haber St. James, Mo.	25. DATE RECD. BY LOCAL REG. 12-19-1959	26. REGISTRAR'S SIGNATURE Ruth B. Powell
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(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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

*This body was
not embalmed*
Signed *C. Jesse Gahr*

Licensed Embalmer No. *4486*

P. O. Address *St. James*

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.