URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 9 1960

-60-037342
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 256

ENDED

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico, — Length of stay in 1b 3½ days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY P. iken
c. CITY OR TOWN Curryville — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 6 miles south — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Curtis Middle Walter Last Schwartz
4. DATE OF DEATH Month October Day 29, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10-14-00
9. AGE (last birthday) 60 — 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) Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY Harbison-Walker
11. BIRTHPLACE (City and state or country) Nashville, Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jacob Schwartz
13b. MOTHER'S MAIDEN NAME Lola D. Kates
14. NAME OF HUSBAND OR WIFE Oneta Schwartz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 489-03-7556
17. INFORMANT Address Pearl Schulze, Vandalia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardio Vascular Hypertension — 5 yrs
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 10-26-60, to 10-29-60 and last saw ~~her~~ him alive on 10-29-60
Death occurred at 7 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. D. Hisheim
22b. ADDRESS Mexico Mo
22c. DATE SIGNED 11-1-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 1, 1960
23c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery
23d. LOCATION (City, town, or county) (State) Vandalia, Missouri

24. FUNERAL DIRECTOR ADDRESS William B Waters, Vandalia, Mo
25. DATE RECD. BY LOCAL REG. Nov-1-1960
26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

NOV 21 1966

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_____ Signed William B Waters
Signature of Student Embalmer

Licensed ~~Embalmer No.~~ 4169

P. O. Address Vandalia, Fl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.