

## OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

7-10-15

-61-000232

FILED VS FEB 14 1961 38

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 89

STATE FILE NUMBER

AMENDED

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		Length of stay in 1b Lifetime		c. CITY OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rector Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 313 West Blvd. So.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First MAUDE Middle LOUISE Last SCHWABE				4. DATE OF DEATH February 5, 1961 Month Day Year									
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 3-1-1871		9. AGE (last birthday) 89		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) At Home				10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Boone County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Fleming Ballieux Hatton				13b. MOTHER'S MAIDEN NAME Mary Westlake				14. NAME OF HUSBAND OR WIFE James Webster 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.		17. INFORMANT Address James W. Schwabe Jr., Columbia, 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) <u>Cerebral hemorrhage, multiple</u>										INTERVAL BETWEEN ONSET AND DEATH 3-4 mo			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b)		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. <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>8 Mar. 1954</u> to <u>5 Feb. 1961</u> and last saw <sup>her</sup> him alive on <u>4 Feb. 1961</u> Death occurred at <u>5:00</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Horace E. Thomas, M.D.</u>				(Degree or title)				22b. ADDRESS <u>Columbia Missouri</u>		22c. DATE SIGNED <u>7 Feb. 1961</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-8-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u>				23d. LOCATION (City, town, or county) <u>Columbia, Mo.</u>		(State)			
24. FUNERAL DIRECTOR <u>Parker Funeral Service, Columbia, Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Feb. 8, 1961</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>					

(Licensed Embalmer's Statement on Reverse Side)

DATE AWARDED

AMENDMENTS ON THIS RECORD ARE TO BE MADE ON THIS SIDE

INSTEAD OF

SHOULD READ

ITEM NO.

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 Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address Columbia MO.

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.