

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014510

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. \_\_\_\_\_ Registrar's No. 21

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10950

209501

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1290-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>STE. GENEVIEVE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>STE. GENEVIEVE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>WEINGARTEN</b>		Length of stay in 1b <b>LIFE</b>	c. CITY OR TOWN <b>WEINGARTEN</b>
c. FULL NAME OF (If NOT in hospital, give location) <b>ROUTE # 1</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>ROUTE # 1</b>
3. NAME OF DECEASED (Type or print) First <b>DANIEL</b> Middle <b>P.</b> Last <b>SCHWENT</b>			4. DATE OF DEATH Month <b>APRIL</b> Day <b>5</b> Year <b>1963</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-22-1868</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>ZELL, MISSOURI</b>
13a. FATHER'S NAME <b>NICK SCHWENT</b>		13b. MOTHER'S MAIDEN NAME <b>LOIDA</b>	14. NAME OF DECEASED'S WIFE <b>MARY C. CALLIOTTE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date) <b>No</b>		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT <b>ALBERT SCHWENT, WEINGARTEN, MO.</b>
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia, Influenza</b> DUE TO (b) <b>Anterior choroid</b> DUE TO (c) <b>Chronic myocarditis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>12 days</b> ? ?
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 <b>March 23, 1963</b> to <b>April 3, 1963</b> and last saw <sup>her</sup> him alive on <b>April 3, 1963</b> . Death occurred at <b>8:35 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>R. L. Lanning M.D.</b>		22b. ADDRESS <b>St. Genevieve Mo</b>	22c. DATE SIGNED <b>4/6/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>4-8-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OUR LADY HELP OF CHRISTIANS</b>	23d. LOCATION (City, town, or county) (State) <b>WEINGARTEN, MO.</b>
24. FUNERAL DIRECTOR <b>JEROME H. STANTON, STE. GENEVIEVE, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>6 April 1963</b>	26. REGISTRAR'S SIGNATURE <b>George F. Wood</b>

USE BLACK INK OR TYPEWRITER RIBBON

**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 Jerome L. Stanton

Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, 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.