

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6355171

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 493 STATE FILE NUMBER 63-047482

FILED DEC 30 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Cole</u>		e. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Morrison</u>	
Length of stay in 1b <u>7 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>General Delivery</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First <u>FRED</u> Middle <u>OSCAR</u> Last <u>SCHWINKE</u>			Month <u>December</u> Day <u>25</u> Year <u>1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/31/1903</u>
9. AGE (last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restaurant Owner</u>	
11. BIRTHPLACE (City and state or country) <u>Morrison, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Fred Schwinke</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Tschappter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		17. INFORMANT <u>Mrs Myrtle Huggins Schwinke Morrison, Mo.</u>	
16. SOCIAL SECURITY NO. <u>None</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line)			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <u>Hepatic coma</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hemorrhage from esophageal varices</u>			
DUE TO (c) <u>Laennec's Cirrhosis of the Liver</u>			
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 <u> </u> a.m. / p.m. Month, Day, Year <u> </u>	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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>12/23/63</u> to <u>12/25/63</u> and last saw ^{her} him alive on <u>12/24/63</u>			
Death occurred at <u>1³⁰ A</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. J. Schwinke MD</u> (Degree or title)		22b. ADDRESS <u>515 E. High Jefferson City</u>	22c. DATE SIGNED <u>12/26/63</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Dec. 28, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>	
24. FUNERAL DIRECTOR <u>Herman Blumer Inc. Hermann, Missouri</u>		23d. LOCATION (City, town, or county) <u>Hermann, Missouri</u>	
25. DATE REC'D. BY LOCAL REG. <u>25-27 December 1963</u>		26. REGISTRAR'S SIGNATURE <u>Norman Richter</u>	

DO NOT WRITE ON THIS STUB
 AMENDED
 DATE AMENDED
 1 0269
 2 3370
 3 2
 4 0
 5 1
 6
 7 0
 8 0
 9 5811
 10
 11
 12 3-0
 13 3-0
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ
 USE BLACK INK OR TYPEWRITER RIBBON

JAN 2 1964

FEB 5 1964

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 Thomas G. Otke Student Embalmer No. 713

working under my personal supervision.

Student Thomas G. Otke
Signature of Student Embalmer

Signed Donald P. Freeman

Licensed Embalmer No. 4623

P. O. Address Primo

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.