

FILED JUN 28 1949 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 18905

20-10

REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>CODDAR</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CODDAR</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EL DORADO SPRING</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs, Mo.</u>		
c. LENGTH OF STAY (in this place) <u>11</u>			d. STREET ADDRESS (If rural, give location) <u>CHAMBERS NURSING HOME</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			3. NAME OF DECEASED a. (First) <u>SARAH</u> b. (Middle) <u>SCHWALM</u> c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>6-21-49</u>			5. SEX <u>Female</u> 6. COLOR OR RACE <u>white</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		
8. DATE OF BIRTH <u>11-12-1866</u> 9. AGE (In years last birthday) <u>82</u> 10. UNDER 1 YEAR Months Days 11. UNDER 18 HRS. Hours Min.			11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>Henry Chappell</u> 13b. MOTHER'S MAIDEN NAME <u>Matilda Kaynes</u> 14. NAME OF HUSBAND OR WIFE <u>Henry Schwalm</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Roy Schwalm</u> ADDRESS <u>El Dorado Springs</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) <u>attacks</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Lactinase</u>		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			21a. ACCIDENT SUICIDE HOMICIDE (Specify)		
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from <u>May 14, 1945</u> to <u>June 21, 1949</u> , that I last saw the deceased alive on <u>6-21, 1949</u> , and that death occurred at <u>7:45 p.m.</u> from the causes and on the date stated above.		
23a. SIGNATURE (Degree or title) <u>L. S. Deimow, M.D.</u>			23b. ADDRESS <u>El Dorado Springs, Mo. 64114</u>		
23c. DATE SIGNED <u>6/24/49</u>			24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 24b. DATE <u>6-23-49</u> 24c. NAME OF CEMETERY OR CREMATORY <u>El Dorado Springs, El Dorado Springs, Mo.</u> 24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>JUNE 24, 1949</u>			REGISTRAR'S SIGNATURE <u>Roy Schwalm</u> 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert L. Williams</u> ADDRESS <u>Lorathus El Dorado Springs</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 23 1949

MAR 2 1950

MAR 24 1955

SEP 23 1949

RECEIVED

District Health Officer No. 7,

District File Number 5-49-766

Date Filed 6-27-49

1949 82 107

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
Student Embalmer

Signed Floyd E. Crockett

Licensed Embalmer No. 4419

P. O. Address 6th Avenue Sfg

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 this body is not embalmed, fact should be so stated above.