

FILED JUL 23 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 24180

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4348 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u>		c. LENGTH OF STAY (in this place) <u>12.7</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u>		d. STREET ADDRESS (If rural, give location) <u>501 Lehman</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>501 Lehman</u>		d. STREET ADDRESS (If rural, give location) <u>501 Lehman</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>IDEAL</u> c. (Last) <u>SCHWENDKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 17 1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 23, 1869</u>
9. AGE (in years last birthday) <u>80</u>		10. MONTHS <u>2</u>	11. DAYS <u>25</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Wellsville mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Christian Schwendker</u>	
13b. MOTHER'S MAIDEN NAME <u>Katharine Schuaboltz</u>		14. NAME OF HUSBAND OR WIFE <u>Ida (Rubling) Schwendker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LeVerta Schwendker Wichita, Kan</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic Bright's Disease</u>	
		DUE TO (c) <u>Hypertension</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>January</u> , 19 <u>49</u> , to <u>July 16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 16</u> , 19 <u>49</u> and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>R. S. Steinfeld M.D.</u>		23b. ADDRESS <u>Wellsville Mo</u>	
23c. DATE SIGNED <u>7-18-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 20 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville Amenity</u>	
24d. LOCATION (City, town, or county) (State) <u>Wellsville Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. W. Kuhne</u>	
25. ADDRESS <u>Wellsville Mo</u>		DATE REC'D BY LOCAL REG. <u>7/19/49</u>	
REGISTRAR'S SIGNATURE <u>W. S. Romans Jr</u>		425	

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

70

2

0

District Health Officer No. 91
District File Number
RECEIVED
JUL 21 1949

JAN 12 1954

JUN 12 1953

[Faint handwritten notes]

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 *[Signature]*

Licensed Embalmer No. *3059*

P. O. Address *Wilksville 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 this body is not embalmed, fact should be so stated above.