

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24221

State File No. \_\_\_\_\_  
Registrar's No. 60

FILED JUL 29 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5838

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON 73</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>	c. LENGTH OF STAY (in this place) <u>1</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neosho Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Neosho Twp.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Joseph</u>	b. (Middle) <u>BENJAMIN</u>	c. (Last) <u>SCHWEITZER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 14 1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>Nov. 30. 1896</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Liquor</u>	11. BIRTHPLACE (State or foreign country) <u>Newton Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Schweitzer</u>	13b. MOTHER'S MAIDEN NAME <u>MARY K. HOLMES</u>	14. NAME OF HUSBAND OR WIFE <u>HUGH BELLE SCHWEITZER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WARR</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>HUGH BELLE SCHWEITZER</u>	ADDRESS <u>Neosho Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>4220</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>and Hypertrophy of Liver</u>		
	DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u></u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from Oct 20, 1948 to July 14, 1949 that I last saw the deceased alive on July 14, 1949 and that death occurred at 9:50 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul C Davis M.D.</u>	(Degree or title) <u></u>	23b. ADDRESS <u>Neosho - Mo.</u>	23c. DATE SIGNED <u>7/19/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-16-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>	24d. LOCATION (City, town, or county) (State) <u>NEOSHO MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>July 19, 1949</u>	REGISTRAR'S SIGNATURE <u>Melvin B. Bowman</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Corley Thompson</u>	ADDRESS <u>Neosho Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

APR 11 1950

District Health Officer No. Dwight Co. Health

District File Number 749-122

Unit

Date Filed JUL 28 1949

APR 10 1950

AUG 2 1949

JAN 5 1955

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 \_\_\_\_\_

Ellie Kessel

Student Embalmer No. 228

working under my personal supervision.

Student Ellie Kessel  
Student Embalmer

Signed Conley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.