No. 300
10.48

FILED OCT 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31243

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 260 PRIMARY REG. DIST. NO. 5884 Registrar's No. 6

16

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

1. PLACE OF DEATH
a. COUNTY Osage
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Westphalia Mo
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Washington Township Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Osage
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Westphalia - Rural 16
d. STREET ADDRESS (If rural, give location) Washington Township

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) c. (Last) SCHAUWECKER

4. DATE OF DEATH (Month) (Day) (Year) Oct 1, 1949

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** Nov 28, 1878 **9. AGE** (In years last birthday) 70 IF UNDER 1 YEAR Months 10 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer **10b. KIND OF BUSINESS OR INDUSTRY** Self **11. BIRTHPLACE** (State or foreign country) Westphalia Mo **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Gerhard Schauwecker **13b. MOTHER'S MAIDEN NAME** Mary Heckermeyer **14. NAME OF ~~HUSBAND~~ OR WIFE** Mary Sandbothe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no **16. SOCIAL SECURITY NO.** no **17. INFORMANT'S SIGNATURE OR NAME** Mrs Mary Schauwecker ADDRESS Westphalia Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 5810

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* June, 1949, *to* Oct 1, 1949, *that I last saw the deceased alive on* Sept. 30, 1949, *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) L. B. Kabla M.D. **23b. ADDRESS** Jefferson City, Mo **23c. DATE SIGNED** 10-1-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Oct. 5, 1949 **24c. NAME OF CEMETERY OR CREMATORY** St. Joseph **24d. LOCATION** (City, town, or county) (State) Westphalia, Mo.

DATE REC'D BY LOCAL REG. Oct 4-49 **REGISTRAR'S SIGNATURE** Mrs. H. H. Moore 10 38 **25. FUNERAL DIRECTOR'S SIGNATURE** Sylvester Dulle **ADDRESS** J. C. Moore

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 11 1949
District Health Officer No. 9
District File Number

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 Sylvester Quelle

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.