

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39897**

FILED DEC 27 1950

Registrar's No. **1423**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1423	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 6 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 540 West Chestnut, Street				d. STREET ADDRESS (If rural, give location) 540 West Chestnut, Street			
3. NAME OF DECEASED (Type or Print) a. (First) Inez		b. (Middle) Marie		c. (Last) Schweizer		4. DATE OF DEATH (Month) (Day) (Year) Dec. 15, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 26, 1898	
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE William G. Schweizer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Wm G. Schweizer - St. Joseph, Missouri			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation by Hanging				INTERVAL BETWEEN ONSET AND DEATH 1 day	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Woman hanged herself in the basement of her home while alone.				E974X	
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) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St Joseph Buchanan Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 15, 1950 5:10 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Rope around her neck attached to a chair			
22. I hereby certify that I attested the deceased from Dec 15, 1950 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:10 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE H. F. Mundy M.D. Coroner				23b. ADDRESS St Joseph Mo		23c. DATE SIGNED 12/16/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 18, 1950		24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery		24d. LOCATION (City, town, or county) (State) Shenandoah, Iowa	
DATE REC'D BY LOCAL REG. Dec 21, 1950		REGISTRAR'S SIGNATURE Carl C. Casler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Starnes Funeral Home Starnes Funeral Home - St. Joseph, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

196101

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 Charles M. Herman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.