

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40979**
Registrar's No. **5510**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1602</u>		Registrar's No. 5510		
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 40 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 2416 EAST 31ST. STREET		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL								
3. NAME OF DECEASED (Type or Print) a. (First) Oscar b. (Middle) LINN c. (Last) Schwinger			4. DATE OF DEATH (Month) (Day) (Year) 12 27 50					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 8-31-1904		
9. AGE (In years last birthday) 46		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAB DRIVER			10b. KIND OF BUSINESS OR INDUSTRY AMERICAN CAB CO.		11. BIRTHPLACE (State or foreign country) DETROIT, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ANDREW SCHWINGER			13b. MOTHER'S MAIDEN NAME MARY ELIZABETH SEIM			14. NAME OF HUSBAND OR WIFE ANNE SCHWINGER		
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) 496-05-9155		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ANNE SCHWINGER, 2416 EAST 31ST.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Disease ANTECEDENT CAUSES DUE TO (b) Acute + Chronic Myocardial Infarction DUE TO (c) Coronary Atherosclerosis + Thrombosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE Hugh H. Owens (Degree or title)				23b. ADDRESS 1034 Bialto Bldg		23c. DATE SIGNED 12-29-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 12-30-50		24c. NAME OF CEMETERY OR CREMATORY MAPLE HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY, KANSAS		
DATE REC'D BY LOCAL REG. 12-29-50		REGISTRAR'S SIGNATURE Lorraine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.F. Howell Co. 3256 BROADWAY				

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

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *John W. Laybourn*
Licensed Embalmer No. *1715*
P. O. Address *K. C. 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.