

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13247

BIRTH NO. _____ REG. DIST. NO. 307 PRIMARY REG. DIST. NO. 5756 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY MARIES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MARIES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - JEFFERSON TWP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - JEFFERSON TOWNSHIP	
d. FULL NAME OF HOSPITAL OR INSTITUTION MARIES COUNTY, MO.		d. STREET ADDRESS (If rural, give location) 0630	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) F	c. (Last) SCHWARTZ	4. DATE OF DEATH (Month) (Day) (Year)	APRIL 28, 51
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH July 14, 1893	9. AGE (In years last birthday) Months Days	57 9 9	IF UNDER 1 YEAR Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY OWN FARM	11. BIRTH PLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOHN SCHWARTZ	13b. MOTHER'S MAIDEN NAME JULIA ANN WEKLER	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W.W.I	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Maupin Belle, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 **4 P. m.** from the causes and on the date stated above.

23a. SIGNATURE (Name or title) M. C. Cunningham, Coroner	23b. ADDRESS Crevasse, Mo.	23c. DATE SIGNED 4/26/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/27/51	24c. NAME OF CEMETERY OR CREMATORY LIBERTY CEMETERY	24d. LOCATION (City, town, or county) (State) BELLE, MARIES COUNTY, MO.
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DATE REC'D BY LOCAL REG. 4-30-51	REGISTRAR'S SIGNATURE Pauline Howard	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SASSMANN FUNERAL SERVICE BELLE
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

630
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File No.

DISTRICT HEALTH OFFICE No. 4

MAY 8 1951

RECEIVED

MAY 6 1963

MAY 8 1951

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 MA

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Melford H. H. White

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.