

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16123

State File No.

FILED MAY 22 1951

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 78

036

#

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

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give town) Washington		c. CITY (If outside corporate limits, write RURAL and give township) Rural (Elkhorn twmsp.)	
c. LENGTH OF STAY (in this place) 1 week		d. STREET ADDRESS (If rural, give location) near Warrenton, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Martin		b. (Middle) J.	
c. (Last) Schwerdt		4. DATE OF DEATH (Month) (Day) (Year) May 14, 1951	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 25, 1884
9. AGE (In years last birthday) 66		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
11. BIRTHPLACE (State or foreign country) Warren County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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	
13a. FATHER'S NAME William Schwerdt		13b. MOTHER'S MAIDEN NAME Minnie Niemeyer	
14. NAME OF HUSBAND OR WIFE Lovena Schmidt Schwerdt		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lovena Schwerdt, Warrenton, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric thrombosis ANTECEDENT CAUSES acute scur Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. due to (c) Anemia acute & chronic DUE TO (c) Anemia acute & chronic II. OTHER SIGNIFICANT CONDITIONS Mesenteric thrombosis following Chyluria & stoma	
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) _____	
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) _____		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 May 6 1951, to May 14 , 1951, that I last saw the deceased alive on May 14 , 1951, and that death occurred at 7 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Paul O. Holscher M.D.		23b. ADDRESS Warrenton Mo.	
23c. DATE SIGNED 5-15-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 5-17-51		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
24d. LOCATION (City, town, or county) (State) Warrenton, Mo.		DATE REC'D BY LOCAL REG. May 16, 1951	
REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W. Nieburg & Co., Warrenton, Mo.	

File No. _____
DISTRICT HEALTH OFFICE NO. 4

MAY 21 1951

RECEIVED

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 John Shalving
Licensed Embalmer No. 3897

P. O. Address Warrenton, Ore

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.