

FILED AUG 11 1951 STANDARD CERTIFICATE OF DEATH

State File No. 23903

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 5852		Registrar's No. 187	
1. PLACE OF DEATH a. COUNTY <u>MOHAWAY COUNTY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>CALIFORNIA</u> b. COUNTY <u>Unknown</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JACKSON Township</u>		c. LENGTH OF STAY (In this place) <u>6 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RIVERSIDE</u>		8040	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 miles South EAST of RAVENWOOD</u>				d. STREET ADDRESS (If rural, give location) <u>8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MELISSA</u> b. (Middle) <u>G.</u> c. (Last) <u>SCHWEITZER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 26 1951</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 15 1893</u>		9. AGE (In years last birthday) <u>58</u>	IF OVER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeping</u>	11. BIRTHPLACE (State or foreign country) <u>PLATT COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Joseph S. Thornton</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie PALMER</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Leslie Schweitzer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or none) <u>NO</u>		16. SOCIAL SECURITY NO. <u>583-05-3329</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Leslie Schweitzer</u> ADDRESS <u>RIVERSIDE CALIF.</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Arteriosclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 <u>July 26, 1951</u> , to <u>July 27, 1951</u> , that I last saw the deceased alive on <u>July 27, 1951</u> , and that death occurred at <u>8:30 P. M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>B. G. Fester, D.O.</u> (Degree or title)				23b. ADDRESS <u>Mariposa, Mo.</u>		23c. DATE SIGNED <u>7-27-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-28-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Thornton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-4-51</u>		REGISTRAR'S SIGNATURE <u>Beas Holt</u> 224		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Burman Funeral Home, St. Joseph, Mo.</u> ADDRESS			



11/25

11/11

635-29-257

**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 William Spalding

Licensed Embalmer No. 4535

P. O. Address 319 S. 11th St. H. Joseph, Md.

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.