

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33011

State File No. \_\_\_\_\_

FILED NOV 10 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5305 Registrar's No. 4

0260

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

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R. R. # 3 JEFFERSON CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R R # 3 JEFFERSON CITY, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LIBERTY TOWNSHIP</u>		d. STREET ADDRESS (If rural, give location) <u>LIBERTY TOWNSHIP</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HERMAN</u>	b. (Middle) <u>HENRY</u>	c. (Last) <u>SCHWALLER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 2, 1951</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>APRIL 10, 1870</u>	9. AGE (In years last birthday) <u>81</u>	# UNDER 1 YEAR (Months) <u>6</u>	# UNDER 2 HRS. (Days) <u>22</u>	# UNDER 2 HRS. (Hours) <u>1</u>	# UNDER 2 HRS. (Min.) <u>1</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>TAOS, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.:.A.</u>
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13a. FATHER'S NAME <u>CHARLES SCHWALLER</u>	13b. MOTHER'S MAIDEN NAME <u>HELEN SCHNIEDERS</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Schnieders</u>	ADDRESS <u>TAOS, MO.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u>		
	DUE TO (c) <u>Senility</u>		
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"/>
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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) <u>4201</u>
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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? _____
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22. I hereby certify that I attended the deceased from 10-31, 1951, to 11-2, 1951, that I last saw the deceased alive on 10-31, 1951, and that death occurred at 8 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. J. McFalls M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>405-6 Central Trust Bldg</u>	23c. DATE SIGNED <u>11-5-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV. 5, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. FRANCIS XAVIER</u>	24d. LOCATION (City, town, or county) (State) <u>TAOS, MO.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 5-1951</u>	REGISTRAR'S SIGNATURE <u>R. P. Harris M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Josephine Anle</u>	ADDRESS <u>J. C. MO.</u>
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**RECEIVED**

NOV 9 - 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed NOV 9 - 1951

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**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 \_\_\_\_\_

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.