

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34589**

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 184

812
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>	c. LENGTH OF STAY (in this place) <u>3 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u> <u>8351</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>108 N. Decatur</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) <u>BEULAH:</u>	a. (First)	b. (Middle)	c. (Last) <u>SCHWEITZER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 15, 1951</u>
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5. SEX <u>Fe. 1</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Sept. 19, 1872</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Samuel Dunscombe</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Hopper</u>	14. NAME OF HUSBAND OR WIFE <u>George</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>Fred G. Schweitzer</u>	ADDRESS <u>Longview, Wash.</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>cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo. (?)</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>		
	DUE TO (c) <u>Arteriosclerosis</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 <u>331X</u>	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)
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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 10-1, 1951, to 10-15, 1951, that I last saw the deceased alive on 10-14, 1951, and that death occurred at 9:45 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. Feind M.D. U</u> (Degree or title)	23b. ADDRESS <u>Rolla mo</u>	23c. DATE SIGNED <u>10-17-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal 4</u>	24b. DATE <u>Oct. 16, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Malden Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Malden Mo.</u>
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DATE REC'D. BY LOCAL REG. <u>Oct. 17, 1951</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> <u>388</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Gill</u>	ADDRESS <u>Rolla, Mo.</u>
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

Paul E. Null

Signed.....

Student Embalmer

Licensed Embalmer No. *4498*

P. O. Address *Rolla, 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.