

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36903

State File No.

FILED DEC 8- 1951

BIRTH NO. _____		REG. DIST. NO. <u>110</u>		PRIMARY REG. DIST. NO. <u>4182</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW HAVEN MO</u>		c. LENGTH OF STAY (in this place) <u>26 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW HAVEN MO</u>		<u>0360</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u>		b. (Middle) <u>PHILIP</u>		c. (Last) <u>SCHWAMB</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-25-51</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>JUNE 14 1869</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>NEW HAVEN MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>LOUIS SCHWAMB SR</u>		13b. MOTHER'S MAIDEN NAME <u>ROSALEE OPENDORE</u>		14. NAME OF HUSBAND OR WIFE <u>CLARA SCHWAMB</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Lillian Schwamb (New Haven) Mo</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, asthma, 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) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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 <u>Nov. 18, 1951</u> , to <u>Nov. 25, 1951</u> , that I last saw the deceased alive on <u>Nov. 25, 1951</u> , and that death occurred at <u>10:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. W. Held</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>New Haven, Missouri</u>		23c. DATE SIGNED <u>11/26/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BORIAL</u>		24b. DATE <u>11-28-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW HAVEN CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>NEW HAVEN MO</u>	
DATE REC'D BY LOCAL REG. <u>Nov-26-51</u>		REGISTRAR'S SIGNATURE <u>Jessie Hammond</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. C. Hester</u>		ADDRESS <u>5000 New Haven Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

360
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File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 6 1951

RECEIVED

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Earl J. ...

Signed
Student Embalmer

Licensed Embalmer No. *3385*

P. O. Address *Greenville, S.C.*

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.