

FILED FEB 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6998

State File No.

| | | | | | | | |
|---|--|---|--|--|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>337</u> | | PRIMARY REG. DIST. NO. <u>4499</u> | | Registrar's No. <u>19</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Shelby county</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbina, Mo.</u> | | c. LENGTH OF STAY (in this place) <u>Life</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbina, Mo.</u> | | <u>1070</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Whitmore Nursing Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>X</u> | | | |
| 3. NAME OF DECEASED (Type or Print), a. (First) <u>CLARA</u> b. (Middle) <u>MAY</u> c. (Last) <u>SCHWIETER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-14-1952</u> | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>5-28-1881</u> | |
| 9. AGE (In years last birthday) <u>70</u> | | IF UNDER 1 YEAR Months <u>8</u> Days <u>16</u> | | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House hold</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u> | | 11. BIRTHPLACE (State or foreign country) <u>Queen City, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Clay Dufer</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Nan ?</u> | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | | |
| 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>X</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Brown, Shelbina, Mo.</u> ADDRESS _____ | | | |
| 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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Myocardial infarction</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>420/</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) (Minute) | | 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>Jan 8, 1951</u> , to <u>Feb 12, 1952</u> , that I last saw the deceased alive on <u>Feb 12, 1952</u> , and that death occurred at <u>5:00 P.M.</u> on <u>Feb 12, 1952</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Dr. Joseph H. Tomer D.O.</u> (Degree or title) | | | | 23b. ADDRESS <u>Shelbina Mo</u> | | 23c. DATE SIGNED <u>2/15/52</u> | |
| 24a. BURIAL / CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2-16-1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Shelbina, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>2-18-52</u> | | REGISTRAR'S SIGNATURE <u>Ada Garrison</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barkeley & Hawkins, Shelbina, Mo.</u> | | | |

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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.
W. Hawkins

Licensed Embalmer No. *3498*

P. O. Address *Shelburne, Vt.*

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.