

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30578

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

FILED SEP 8 1952

BIRTH NO. _____		REG. DIST. NO. <u>367</u>		PRIMARY REG. DIST. NO. <u>6737</u>		Registrar's No. <u>66</u>	
1. PLACE OF DEATH a. COUNTY <u>Warren 1090</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Warren 1090</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Bridgport</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Bridgport</u>		0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>9 Miles Southeast of</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u>		b. (Middle) <u>KATHERINA</u>		c. (Last) <u>SCHWARRE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 31 52</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>Jan 22 1892</u>	
9. AGE (In years last birthday) <u>60</u>		10. MONTH 1 YEAR IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>Warren County MO</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZENSHIP OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Henry Grove</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Kuenmuel</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Schware</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Schware Jonesburg</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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute pulmonary edema</u> DUE TO (c) <u>Carcinoma of Lung</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic myocarditis</u>					INTERNAL BETWEEN ONSET AND DEATH <u>2 days -</u> <u>?</u> <u>4 yrs -</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>163X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		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 16</u> , 19 <u>52</u> , to <u>Aug 31</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Aug 30</u> , 19 <u>52</u> , and that death occurred at <u>12:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James O. Helm MD</u>				23b. ADDRESS <u>New Florence MO</u>		23c. DATE SIGNED <u>9-3-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 2-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St James Evangelical</u>		24d. LOCATION (City, town, or county) (State) <u>Big Springs, MO</u>		
DATE REC'D BY LOCAL REG. <u>9-4-52</u>		REGISTRAR'S SIGNATURE <u>Hoyd Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. A. Harding Jonesburg MO</u>			

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

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 *Carl A. Harding* \_\_\_\_\_

Licensed Embalmer No. *4115* \_\_\_\_\_

P. O. Address *Lansbury 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.