

FILED JAN 31 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. .... 1995

BIRTH NO. .... REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5603 Registrar's No. .... 4

510

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

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GROVER TWP RURAL</u>	c. LENGTH OF STAY (in this place) <u>5 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL GROVER TWP 0510</u>	d. STREET ADDRESS (If rural, give location) <u>8 MI SE OF CONCORDIA, MO</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 MI SE OF CONCORDIA, MO</u>		d. STREET ADDRESS (If rural, give location) <u>8 MI SE OF CONCORDIA, MO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FERDINAND</u> b. (Middle) <u>EMIL</u> c. (Last) <u>SCHWEER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 23 1953</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>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 15, 1870</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>DRANK MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>GERBERT SCHWEER</u>	13b. MOTHER'S MAIDEN NAME <u>MINNIE BECKER</u>	14. NAME OF HUSBAND OR WIFE <u>MINNIE SCHWEER</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>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>EDWIN SCHWEER</u> ADDRESS <u>CONCORDIA, 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</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. <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4500</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 1/8/53, 1953, to 1/23/53, 1953 that I last saw the deceased alive on 1/23/53, 1953 and that death occurred at 9:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. P. Robinson</u> (Degree or title) <u>D.D.</u>	23b. ADDRESS <u>Concordia, Mo.</u>	23c. DATE SIGNED <u>1/23/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-27-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EVANGELICAL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CONCORDIA, MO</u>
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DATE REC'D BY LOCAL REG. <u>Jan 26 53</u>	REGISTRAR'S SIGNATURE <u>Erma D. Beatty</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. James</u> ADDRESS <u>Concordia Mo</u>
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RECEIVED  
JAN 30 1953

JOHNSON COUNTY HEALTH DEPT.

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed E. L. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.