

FILED MAR 16 1953

STANDARD CERTIFICATE OF DEATH

State File No. 9659

0460

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

BIRTH NO. _____		REG. DIST. NO. 143		PRIMARY REG. DIST. NO. 5560		Registrar's No. 7					
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Route 2</u>		c. LENGTH OF STAY (If this place) <u>lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural route 2 Willow Springs</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0460</u>							
3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u>			a. (First) <u>WILLIAM</u>			b. (Middle) _____					
c. (Last) <u>SCHWARZ</u>			4. DATE OF DEATH <u>Feb. 28, 1953</u>			Date (Month) (Day) (Year)					
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>Nov. 20, 1875</u>		9. AGE (In years last birthday) <u>77</u>			
						IF UNDER 1 YEAR Months <u>3</u> Days <u>8</u>		IF UNDER 24 HRS. Hours _____ Min. _____			
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>Farm</u>			11. BIRTHPLACE (State or foreign country) <u>Wellesburg W. Virginia</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>William Schwarz</u>			13b. MOTHER'S MAIDEN NAME <u>Mary M. Walters</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Elia Schwarz</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elia Schwarz</u>			ADDRESS <u>RR2 Willow Springs</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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage, Cerebral</u>						INTERVAL BETWEEN ONSET AND DEATH <u>approx 3 hrs</u>		
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
			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>331 x</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>1/4</u> , 1953, to <u>2/28</u> , 1953, that I last saw the deceased alive on <u>2/7</u> , 1953, and that death occurred at <u>2:30 P</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>W.B. Kerbins</u>				23b. ADDRESS <u>Willow Springs, Missouri</u>				23c. DATE SIGNED <u>2/4/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/5/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Willow Springs, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>3/14/53</u>		REGISTRAR'S SIGNATURE <u>Marshall Ballard</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Burns</u>			ADDRESS <u>Willow Springs, Missouri</u>			

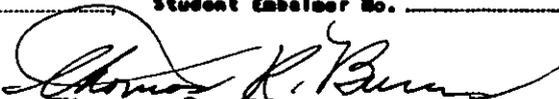
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

  
Signed Thomas R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs, 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.