

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

22066

State File No. _____

No. 300
10.48

FILED JUN 18 1953

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5637 Registrar's No. _____

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1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>Lafayette</u>	b. STATE <u>Missouri</u>	b. COUNTY <u>Lafayette</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wellington Clay</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellington</u> <u>0540</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles S.W. of Wellington</u>		d. STREET ADDRESS (If rural, give location) <u>Home rural Clay</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Henry I.</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Schwartz</u>	<u>June 5, 1953</u>		

5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> <u>0</u>	8. DATE OF BIRTH <u>July 22, 1880</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Egypt Bottoms, Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Louis Schwartz</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Pahmeier</u>	14. NAME OF HUSBAND OR WIFE <u>None</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> <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Arthur Schoening, Wellington, Mo.</u>	ADDRESS <u>Wellington, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Multiple Myeloma</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. <u>Cardiac decompensation</u>		<u>2 yrs.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>203X</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) _____	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 July 26, 1949, to June 5, 1953, that I last saw the deceased alive on June 5, 1953, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. H. H. ... D.O.</u>	23b. ADDRESS <u>Wellington, Mo.</u>	23c. DATE SIGNED <u>6-6-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 7, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Gemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wellington, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-6-53</u>	REGISTRAR'S SIGNATURE <u>Emma Davidson</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>Will ...</u>	ADDRESS <u>Wellington, Mo.</u>
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(Licensed Embalmer's Statement of Reverse Side)

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

Joseph Blair Shippard

Licensed Embalmer No. 4179

P. O. Address

Hullington, Md.

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.