

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38625**

FILED NOV 23 1953

BIRTH NO. _____		REG. DIST. NO. <b>88</b>		PRIMARY REG. DIST. NO. <b>5327</b>		Registrar's No. <b>36</b>	
1. PLACE OF DEATH a. COUNTY <b>CRAWFORD</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> - COUNTY <b>CRAWFORD</b>			
b. CITY OR TOWN <b>RURAL-UNION TWP.</b>		c. LENGTH OF STAY (In this place) <b>50 YRS.</b>		c. CITY OR TOWN <b>RURAL-UNION TWP.</b>		028 <sup>2</sup>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>10 MILES SW-STEELVILLE MO.</b>				d. STREET ADDRESS (If rural, give location) <b>10 MILES SW-STEELVILLE MO.</b>			
3. NAME OF DECEASED (Type or Print) <b>ARONIA</b>		a. (First)		b. (Middle) <b>-</b>		c. (Last) <b>JOHN</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>OCT. 29-1865</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ROLLA, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>PETER SCHWARTZ</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH DIXON</b>		14. NAME OF HUSBAND OR WIFE <b>EMIL JOHN</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>WALTER JOHN-STEELVILLE, MO.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial failure</b> ANTECEDENT CAUSES <b>Senile debility</b> DUE TO (b) <b>Senile debility</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>  <b>5 yrs.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <b>794 X</b> (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 <b>May</b> , 19 <b>46</b> , to <b>Nov</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Nov 14</b> , 19 <b>53</b> , and that death occurred at <b>3:30 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Walter John</b> (Degree or title) _____				23b. ADDRESS <b>Steelville Mo</b>		23c. DATE SIGNED <b>11/19/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>11-19-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MASONIC Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. JAMES, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11-20-53</b>		REGISTRAR'S SIGNATURE <b>76</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas S. ...</b> ADDRESS <b>STEELVILLE, MO.</b>			

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

NOV 2 1933

**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 J. Gilbert

Licensed Embalmer No. 4337

P. O. Address Stoatville, 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.