No. 300
10.48

510

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5307

State File No.

FILED MAR 8 1954

BIRTH NO. REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5603 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: JOHNSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL GROVER
c. LENGTH OF STAY (In this place): 6 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 MI. SOUTH & EAST CONCORDIA, MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JOHNSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL GROVER 0510
d. STREET ADDRESS (If rural, give location): 8 MI SOUTH + EAST OF CONCORDIA, MO

3. NAME OF DECEASED (Type or Print): a. (First) MINNIE b. (Middle) LOUISE c. (Last) SCHWEER

4. DATE OF DEATH (Month) (Day) (Year): FEB 24 1954

5. SEX: FEMALE 1

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW 2

8. DATE OF BIRTH: NOV. 27. 1870

9. AGE (In years last birthday): 83 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE KEEPER

10b. KIND OF BUSINESS OR INDUSTRY: HOUSEKEEPER

11. BIRTHPLACE (City and State or Foreign Country): DRAKE. MO

12. CITIZEN OF WHAT COUNTRY?: U. S. A

13a. FATHER'S NAME: CASPER BERGER

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE: FERD E. SCHWEER DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NO

17. INFORMANT'S SIGNATURE OR NAME: EDWIN SCHWEER ADDRESS: CONCORDIA, MO

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) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary thrombosis

DUE TO (c) arteriosclerosis

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: 4201

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/1/ 1953 *to* 2/24/ 1954 *that I last saw the deceased alive on* 2/23/ 1954, *and that death occurred at* 6:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): C. O. Robinson, D. O.

23b. ADDRESS: Concordia, Mo.

23c. DATE SIGNED: 2/25/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 2-27-54

24c. NAME OF CEMETERY OR CREMATORY: EVANGELICAL CEMETERY

24d. LOCATION (City, town, or county) (State): CONCORDIA MO

DATE REC'D BY LOCAL REG.: 2-26-54

REGISTRAR'S SIGNATURE: Erma L. Beatty 144

25. FUNERAL DIRECTOR'S SIGNATURE: E. L. Jones ADDRESS: Concordia Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 1 1954
JOHNSON COUNTY HEALTH DIST.

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. S. 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.