

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15235**

FILED JUN 1 1954

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5247 Registrar's No. 32

0210

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

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY OR TOWN <u>Rural Salisbury Twp</u>	c. LENGTH OF STAY (If this place) <u>4 days</u>	c. CITY OR TOWN <u>Rural Salisbury Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 mi No of Salisbury</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 mi No of Salisbury</u>	

3. NAME OF DECEASED a. (First) <u>Emma</u> b. (Middle) <u>Ida</u> c. (Last) <u>Schwetzer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May-22-1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	
8. DATE OF BIRTH <u>Jan-18-1877</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton Co.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>John Keller</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Walter</u>		14. NAME OF HUSBAND OR WIFE <u>Julius Schwetzer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Schwetzer</u>	
				17. ADDRESS <u>Salisbury Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Hypostatic pneumonia</u>				<u>3 days</u>
		ANTECEDENT CAUSES				
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) <u>Cerebral hemorrhage</u>				<u>1 week</u>
		DUE TO (c) <u>Hypertension</u>				<u>8 yrs</u>
		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				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)		<u>331 X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from May 15, 1954, to May 22, 1954, that I last saw the deceased alive on May 21, 1954, and that death occurred at 2:06A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. J. Richman D.O.</u>		23b. ADDRESS <u>Salisbury Mo.</u>		23c. DATE SIGNED <u>5/22-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-23-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salisbury Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Salisbury Chariton Mo</u>					
DATE REC'D BY LOCAL REG. <u>5-24-54</u>		REGISTRAR'S SIGNATURE <u>H. H. Hartman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas B Winkelmeyer</u>	
				ADDRESS <u>Salisbury Mo</u>	

REC 8 NDC

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

Chas B Winkelmeier

Licensed Embalmer No. *3842*

P. O. Address *Salisbury Ms*

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.

118-4675