

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30250

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>4192</u>		Registrar's No. <u>24</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY <u>GASCONADE</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MORRISON</u>		a. STATE <u>Mo</u>		b. COUNTY <u>GASCONADE</u>			
c. LENGTH OF STAY (in this place) <u>3 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MORRISON</u>		d. STREET ADDRESS (If rural, give location) <u>0370</u>		0370			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>				d. STREET ADDRESS (If rural, give location) <u>✓</u>					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)						
a. (First) <u>FREDERICK</u>	b. (Middle) <u>John</u>	c. (Last) <u>SCHWINKE</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>SEPT 19 1954</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN 27-1873</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours		
10. 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>FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>FREDERICKSBURG Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				
13a. FATHER'S NAME <u>CARL SCHWINKE</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>BERTHA SCHWINKE</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>Fred Schwinke</u>						
			ADDRESS <u>MORRISON Mo</u>						
18. CAUSE OF DEATH	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>							<u>8 hours</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANCECEDENT CAUSES	DUE TO (b) <u>Arterio-sclerosis</u>							<u>70-80 yrs.</u>
	DUE TO (c) <u>Cardio-renal disease - dropsy</u>							<u>6-8 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"/>		
							<u>4201</u>		
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>9-14</u> , 19 <u>54</u> , to <u>9-19</u> , 19 <u>54</u> that I last saw the deceased alive on <u>9-19</u> , 19 <u>54</u> , and that death occurred at <u>11: A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>F. B. Farniworth D.O.</u>			23b. ADDRESS <u>Chamois Mo.</u>			23c. DATE SIGNED <u>9-20-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-21-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST PETERS Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>MORRISON AFD Mo</u>					
DATE REC'D BY LOCAL REG. <u>9-22-54</u>	REGISTRAR'S SIGNATURE <u>Delma Gerken</u>	492	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugo L. Hermann</u>		ADDRESS <u>HERMANN Mo</u>				

(Licensed Embalmer's Statement of Reverse Side)

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

OCT 8 1954

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. D. Pope

Licensed Embalmer No. 2552

P. O. Address Hermann, 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.