

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18953**
2330

FILED JUN 16 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY **JACKSON**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE **MINNESOTA** b. COUNTY **RAMSEY**

b. CITY (If outside corporate limits, write RURAL and give township)
KANSAS CITY

c. CITY OR TOWN **ST. PAUL**
d. Is Residence within limits of a city or incorporated town?
Yes No

c. LENGTH OF STAY (in this place) **DOA**
d. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION HOSPITAL**
STREET ADDRESS (If rural, give location) **537 N. GROTTO**

3. NAME OF DECEASED
a. (First) **NICHOLAS** b. (Middle) **V.** c. (Last) **SCHWALEN**
4. DATE OF DEATH (Month) (Day) (Year)
May 27, 1955

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **January 16, 1894** 9. AGE (In years last birthday) **61**
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) **Unemployed**
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) **St. Paul Minnesota**
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Louis Schwalen** 13b. MOTHER'S MAIDEN NAME **Teresa Horn** 14. NAME OF HUSBAND OR WIFE **Vera SCHWALEN**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes WWI**
16. SOCIAL SECURITY NO. **477 05 6370** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **VA Hospital Official Records, K. C. Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute coronary occlusion**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
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 NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **natural** 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. WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **May 27, 1955**, to **DOA**, ~~XXXXXXXXXXXXXXXXXXXX~~ **9:20A** m., from the causes and on the date stated above.

23a. SIGNATURE **Hugh H. Owens** (Degree or title) _____ 23b. ADDRESS **1034 Briarley Bldg** 23c. DATE SIGNED **5-30-55**

24a. BURIAL, CREMATION, REMOVAL **REMOVAL** 24b. DATE **MAY 28 1955** 24c. NAME OF CEMETERY OR CREMATORY **FT. SNELLING NATIONAL CEM.** 24d. LOCATION (City, town, or county) (State) **ST. PAUL MINNESOTA**

DATE REC'D BY LOCAL REG. **5-30-55** REGISTRAR'S SIGNATURE **vera munsal** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **D.W. Newcomer's Sons 331. BRUSH CREEK KANSAS CITY, MO.**

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

APR 2 1955

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.....
Signature of Student Embalmer

Signed *Basil V. Honey*.....

Licensed Embalmer No. *47*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.