

FILED JAN 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40168

State File No.

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5435 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>MO</u> b. COUNTY <u>GASCONADE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-BOEUF TWP</u>		c. LENGTH OF STAY (in this place) <u>86 yrs</u>	c. CITY OR TOWN <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi. S.W. OF DRAKE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MATHILDA</u> b. (Middle) <u>WILHELMINE</u> c. (Last) <u>SCHWEER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 10 1955</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 7 - 1869</u>
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>DOMESTIC</u>	9. AGE (In years last birthday) <u>86</u> IF BORN IN YEAR Months Days IF BORN IN HRS. Min.
11. BIRTHPLACE (City and State or Foreign Country) <u>DRAKE MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>CASPER BERGER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BUHRMAISTER</u>	
14. NAME OF HUSBAND OR WIFE <u>Hy. E. SCHWEER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hy. E. Schweer - R2A Owensville Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Thrombosis</u>	
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>4</u> , 195 <u>4</u> , to <u>12-10</u> , 195 <u>5</u> , that I last saw the deceased alive on <u>12-10</u> , 19 <u>55</u> and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chas. E. Schmitt</u>		23b. ADDRESS <u>Deerfield</u>	23c. DATE SIGNED <u>12-14-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-14-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. James E. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Owensville R70 Mo</u>
DATE REC'D BY LOCAL REG. <u>12-14-55</u>	REGISTRAR'S SIGNATURE <u>Delma Gecken 492 R</u>	25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hermann Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0370

FEB 16 1956

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.....
Gregory L. Linn

Licensed Embalmer No..... 31

P. O. Address *Herrman*

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.