

FILED SEP 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26147

STATE FILE NUMBER 981

Registration District No. 42 Primary Registration District No. 5132 Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Joseph			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural, Wayne twp.				Length of stay in lb. 5yrs		d. STREET ADDRESS 2206 Herman Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Robert				Middle L.		Last Schwamp		4. DATE OF DEATH Sept. 8 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 7, 1935		9. AGE (In years last birthday) 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY Noma Lites		11. BIRTHPLACE (City and state or country) Onida Wisc.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Robert J. Schwamp				14. MOTHER'S MAIDEN NAME Unknown					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 489-36-4490		17. INFORMANT Address Dorothy Ann Schwamp St. Joseph, Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fourth & Fifth Degree Burns of entire Body								INTERVAL BETWEEN ONSET AND DEATH 1 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)									
DUE TO (c) Auto wreck and fire									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) none								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of item 18.) Driver of auto, Man lost control of car running down embankment, wrecking car and catching fire.							
20c. TIME OF INJURY Hour Month, Day, Year 2:00 a.m. Sept. 8, 1956									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.) Wayne twp, Highway		20f. CITY, TOWN, OR LOCATION Wayne twp COUNTY Buchanan Missouri STATE					
21. I viewed the deceased on Sept. 8, 1956								22a. SIGNATURE (Degree or title) H. F. Mundy (Coroner) M.D. St. Joseph, Mo	
Death occurred at about 2:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.								22b. ADDRESS St. Joseph, Mo	
22c. DATE SIGNED Sept. 8, 1956									
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 9/10/56		23c. NAME OF CEMETERY OR CREMATOR Frazier Cemetery			23d. LOCATION (City, town, or county) (State) Frazier Missouri		
24. FUNERAL DIRECTOR John E. [Signature]				ADDRESS St. Joseph, Mo		25. DATE RECD. BY LOCAL REG. Sept 11, 1956		26. REGISTRAR'S SIGNATURE Esther M. Allison	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

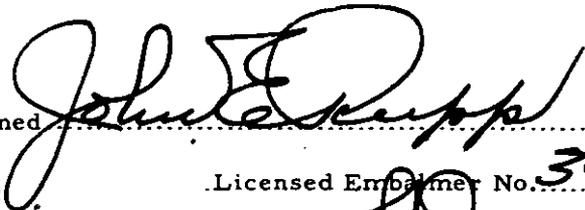
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42

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 ,
Licensed Embalmer No. 398
P. O. Address St. Joseph

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.