

FILED NOV 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34387

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 480

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Independence		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sanitarium			Length of stay in 1b 5 hrs		d. STREET ADDRESS 316 S. Osage		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Albert Middle L. Last Schwamb				4. DATE OF DEATH Month Nov. 1, 1956 Day Year			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Oct. 3, 1903		9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crusher Operator			10b. KIND OF BUSINESS OR INDUSTRY Stewart Sand Co.		11. BIRTHPLACE (City and state or country) Milo, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph Schwamb				14. MOTHER'S MAIDEN NAME Minnie B. Strubee			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none			16. SOCIAL SECURITY NO. 499 16 7855		17. INFORMANT Mrs. H. W. Mitchell, Liberty, 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) <i>Bullet Wound of Head</i> DUE TO (b) <i>Massive acute subdural hemorrhage</i> <i>Interstitial Cerebral Hemorrhage</i> DUE TO (c) <i>Acute Fatty Metamorphosis of Liver</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							E976.X
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Apparently shot himself</i>				
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year <i>11-1-56</i>							
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 bldg., etc.) <i>Factory</i>		20f. CITY, TOWN, OR LOCATION Jackson		STATE Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>1:30 P</i> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Rhugh H. Owens Coroner</i>				22b. ADDRESS <i>1034 Piatts Bldg</i>		22c. DATE SIGNED <i>11-1-56</i>	
23a. BURIAL, CREATION, REMOVAL (Specify) Burial		23b. DATE 11/3/56	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		23d. LOCATION (City, town, or county) Independence, Mo.		(State)
24. FUNERAL DIRECTOR Geo. C. Carson Independence, Mo.			25. DATE RECD. BY LOCAL REG. 10-2-56		26. REGISTRAR'S SIGNATURE <i>James L. Gray</i>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Director, Coroner, etc. must use only standard nomenclature in their reports. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

with, welfare, public service, 000-56

NOV 19 1914

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 C. Ray Louderback, Student Embalmer No. 5 working under my personal supervision..

Student C. Ray Louderback
Signature of Student Embalmer

Signed Harold E. Hoarrel

Licensed Embalmer No. 46

P. O. Address Indigo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.