

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3463**

FILED FEB 8 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **354** PRIMARY REG. DIST. NO. **6209** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY <b>Texas</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Texas</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Piney Twp.</b>		c. LENGTH OF STAY (In this place) <b>5 MINS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Jackson</b>		d. STREET ADDRESS (If rural, give location) <b>107<sup>0</sup>-D</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Linda</b> b. (Middle) <b>Sue</b> c. (Last) <b>Schweighauser</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 - 28 - 1957</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>INFANT</b>	8. DATE OF BIRTH <b>11-23-56</b>	9. AGE (In years last birthday) <b>3</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Summeroville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Merle Schweighauser</b>		13b. MOTHER'S MAIDEN NAME <b>Alta Edwards</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alta Schweighauser</b>		

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia (Bilateral) with overwhelming toxicity and acute Cardio Respiratory failure secondary to pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>failure secondary to pneumonia</b>			
		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 <b>492x</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 **1/24/1957**, to **1/24/1957**, that I last saw the deceased alive on **1/24/1957**, and that death occurred at **12:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. Burns, M.D.</b>		23b. ADDRESS <b>Houston, Mo.</b>		23c. DATE SIGNED <b>1/29/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-30-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Antioch</b>	24d. LOCATION (City, town, or county) (State) <b>Hartshorn, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>Feb. 6-57</b>	REGISTRAR'S SIGNATURE <b>Myrtie Craig</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Elliott Funeral Home - Houston, Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

27-0

**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

*Frank Ford*

Licensed Embalmer No. *4096*

P. O. Address *Houston, TX*

**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.