

FILED APR 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7970**

BIRTH NO. _____ REG. DIST. NO. **#67** PRIMARY REG. DIST. NO. **B259** Registrar's No. **H**

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo** COUNTY **Christian**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural. Bruner**

c. CITY OR TOWN **Sparta. Mo. Rt I**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Sparta Mo/ Rt # I**

e. STREET ADDRESS (If rural, give location) **Sparta Mo. Rt # I**

3. NAME OF DECEASED
a. (First) **Albert** b. (Middle) **E** c. (Last) **Schweppe**

4. DATE OF DEATH (Month) (Day) (Year) **Mar 17 1957**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Sept 26, 1885**

9. AGE (In years last birthday) **71**

IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Webster City. Iowa**

12. CITIZEN OF WHAT COUNTRY? **U S A**

13a. FATHER'S NAME **Fred Schweppe**

13b. MOTHER'S MAIDEN NAME **Bertha Kirchner**

14. NAME OF HUSBAND OR WIFE **Mrs Hazel M Schweppe**

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs Hazel Schweppe, Sparta Mo. Rt**

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Tuberculosis, pulmonary**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **2 yrs +**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? **2**
YES NO

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) **002x**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **23 Feb**, 19**55**, to **17 Mar**, 19**57**, that I last saw the deceased alive on **16 Mar**, 19**57**, and that death occurred at **8P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **J. D. Roper M.D.**

23b. ADDRESS **Ozark, Mo**

23c. DATE SIGNED **22 Mar 57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial**

24b. DATE **Mar. 22/57**

24c. NAME OF CEMETERY OR CREMATORY **East Lawn Cemetery**

24d. LOCATION (City, town, or county) (State) **Springfield Mo**

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE **Mar 24/57 Nannie Day**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **T. B. Chaffin Ozark, Mo**

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

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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..... *T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address... *Ozark*

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.