

FILED APR 4 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9235**

BIRTH NO. _____ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **480**

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Clay)	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) 4 miles S. of Wellington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lexington Memorial Hosp.			

3. NAME OF DECEASED (Type or Print) FRED [unclear]	a. (First) Theodore	b. (Middle) Schwartz	c. (Last) Schwartz	4. DATE OF DEATH March 18, 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 28, 1887	9. AGE (In years last birthday) 69	if UNDER 1 YEAR Months _____ Days _____	if UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Napoleon Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Lewis Schwartz	13b. MOTHER'S MAIDEN NAME Louise Pahmeier	14. NAME OF HUSBAND OR WIFE Mrs. Alma Schwartz
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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. [unclear]	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alma Schwartz	ADDRESS Rural Wellington, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		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) Arteriosclerosis Coronary Artery Scler		
	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	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov. 19, 1956**, to **March 18, 1957**, that I last saw the deceased alive on **March 17, 1957**, and that death occurred at **7:15 am.**, from the causes and on the date stated above.

23a. SIGNATURE J. C. Shepard (Degree or title) 0	23b. ADDRESS Lexington Mo	23c. DATE SIGNED 3-21-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-20-1957	24c. NAME OF CEMETERY OR CREMATORY St. Lukes Evangelical	24d. LOCATION (City, town, or county) (State) Wellington, Missouri
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DATE REC'D BY LOCAL REG. 3-24-57	REGISTRAR'S SIGNATURE [unclear]	25. FUNERAL DIRECTOR'S SIGNATURE J. C. Shepard	ADDRESS Wellington, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

156

Mr. Ward

APR 10 1957

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 *J. Clair Sheppard*
Licensed Embalmer No. 4179

P. O. Address *Wellington, Mass.*

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.