. Health,
& Welfare
. Public
h Service

S. 300
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securing the medical certification in the specific manner required by 193.140 RSMo 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 7 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 13920

Registration District No. 206 Primary Registration District No. 3047 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY MADISON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREDERICKTOWN — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 214 N. MAIN — Length of stay in 1b 30 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY MADISON
c. CITY OR TOWN FREDERICKTOWN 0621 0 — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS 214 N. MAIN (If outside, give location) — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First: FRANCES Middle: — Last: SCHWENT
4. DATE OF DEATH Month: APRIL Day: 21 Year: 1957
5. SEX: FEMALE 1
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ✓ DIVORCED ☐ 2
8. DATE OF BIRTH: AUG. 28, 1877
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 7 Days 23 — IF UNDER 24 HRS.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): ZELL, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: HENRY JOKERST
14. MOTHER'S MAIDEN NAME: SOPHIA WINTER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MRS. JOHN O'BRIEN — Address: FREDERICKTOWN, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) General Arteriosclerosis — years
DUE TO (c) Hypertension — 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4210
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from years, to April 21 57 and last saw her alive on Apr. 21 57
Death occurred at 12:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M Slaughter (Degree or title) M D 0
22b. ADDRESS: 135 W. Main Fredericktown Mo
22c. DATE SIGNED: 5/3/57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: APRIL 24, 1957
23c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
23d. LOCATION (City, town, or county) (State): MADISON CO. MISSOURI

24. FUNERAL DIRECTOR: H. Adamson — ADDRESS: FREDERICKTOWN, MO.
25. DATE RECD. BY LOCAL REG.: 5-3-1957
26. REGISTRAR'S SIGNATURE: Florence Hicks

(Licensed Embalmer's Statement on Reverse Side)

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MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
MAY 6 - 1957
FILE No. 202-28

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond B. Wilson

Licensed Embalmer No. 488

P. O. Address Fredericktown

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