

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 18 0 7 4

State File No.

FILED MAY 27 1957

BIRTH NO. _____		REG. DIST. NO. <u>257</u>		PRIMARY REG. DIST. NO. <u>4391</u>		Registrar's No. <u>20</u>			
1. PLACE OF DEATH a. COUNTY <u>Osage</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Osage</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Argyle, Mo.</u>		c. LENGTH OF STAY (In this place) <u>8 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Argyle, Mo.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hia Home</u>				d. STREET ADDRESS (If rural, give location) <u>0760</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stephan</u>			b. (Middle) _____			c. (Last) <u>Schwartz</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>May 15, 1957.</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 3, 1871.</u>			
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR <u>7</u> Months		IF UNDER 24 HRS. <u>12</u> Hours		IF UNDER 1 MIN. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Osage County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Henry Schwartz</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Werner</u>			14. NAME OF HUSBAND OR WIFE <u>Margaret Schwartz</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>August Schwartz, Vienna, Mo.</u>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Empyema</u>				DUE TO (b) <u>Pulmonary Tuberculosis</u>				1 <u>Week</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				3 <u>Years</u>	
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? <u>2</u> 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) <u>00 2X</u>					
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? _____					
22. I hereby certify that I attended the deceased from <u>Aug.</u> , <u>1956</u> , to <u>May 15,</u> <u>1957</u> , that I last saw the deceased alive on <u>May 15,</u> <u>1957</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>W. H. Moore D.O.</u> (Degree or title)				23b. ADDRESS <u>Argyle, Mo.</u>		23c. DATE SIGNED <u>5/15/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/18/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Aloysius</u>		24d. LOCATION (City, town, or county) (State) <u>Argyle, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>May 20-1957</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Vienna, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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MAR 6 1958

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

M. P. Cunningham

Signed.....
Student Embalmer

Licensed Embalmer No. *3664*

P. O. Address *Gretna Mo*

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.