FILED JAN 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1827
STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 5

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, give TOWNSHIP only) OR TOWN Lexington — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Higginsville -054 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Memorial — Length of stay in 1b 2 days	d. STREET ADDRESS (If outside, give location) 528 Fairground — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Richard Middle Dean Last Schwermer

4. DATE OF DEATH: Month January Day 1/19 Year 58

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: June 27, 1956

9. AGE (In years last birthday): I — IF UNDER 1 YEAR: Months 6 Days 4 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (City and state or country): Lexington, Mo.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Harold Dean Schwermer

14. MOTHER'S MAIDEN NAME: Frances Lee Beck

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: Harold D. Schwermer Address: Higginsville 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) Viral enterocolitis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 5710

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 June 26, 1956, to Jan. 1, 1958 and last saw him alive on Jan 1, 1958
Death occurred at 10 45 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wilbur E. Fulkerson M.D.

22b. ADDRESS: Higginsville Mo.

22c. DATE SIGNED: 1-21-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-4-58

23c. NAME OF CEMETERY OR CREMATORY: St. Mary's Catholic

23d. LOCATION (City, town, or county) (State): Higginsville, Mo.

24. FUNERAL DIRECTOR: F. A. Hoefer ADDRESS: Higginsville, Mo.

25. DATE RECD. BY LOCAL REG.: 1-24-58

26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 -56

Doctor, coroner, etc. must use only standard nomenclature in item 10. 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

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Forest R. Hoefer

Licensed Embalmer No. 4801

P. O. Address Higginsville,

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