

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029927

State File No.

FILED AUG 27 1958

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5949 Registrar's No. 45

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

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Town Rural (Cuivre)</u>		c. LENGTH OF STAY (in this place) <u>1yr</u>	c. CITY OR TOWN <u>Troy</u> ⁰⁵⁷⁰
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>B.B. Springs Nursing Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERMAN</u> b. (Middle) <u>JOHN</u> c. (Last) <u>SCHWARZE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 17, 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 26, 1869</u>
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>21</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>(Loborer) Denver Tranway Co. Denver, Col.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln County MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Herman J. Schwarze</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Catherine Schwarze</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>524-01-7433</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Walter Schaper Troy 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>Senility</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 <u>334X</u>	
20. AUTOPSY? 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>7/2</u> , 19 <u>56</u> to <u>Aug. 17</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>Aug 17, 1958</u> , and that death occurred at <u>10.00Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Troy Mo</u>	
23c. DATE SIGNED <u>8/19/58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug. 20, 1958</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Denver Colorado</u>	
DATE REC'D BY LOCAL REG. <u>8-23-58</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Mc Coy</u>		ADDRESS <u>Troy Mo.</u>	

REC 23 1955

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 *D.W. McCoy*.....

Licensed Embalmer No. *358*.....

P. O. Address *Troy 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.