

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040186
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5463

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WARSAW
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL		Length of stay in 1b 6 months	d. STREET ADDRESS (If outside, give location) RTE 3, BOX 121
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES H. SCHWARTZ			4. DATE OF DEATH Month Day Year November 17, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 13, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Commercial Artist, retired		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 72
11. BIRTHPLACE (City and state or country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Gustave Schwartz		13b. MOTHER'S MAIDEN NAME Catherine Esser	14. NAME OF HUSBAND OR WIFE Bessie Schwartz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, state year of discharge) Yes World War I		16. SOCIAL SECURITY NO. 52-07-0361	17. INFORMANT Address Bessie Schwartz Warsaw Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma, primary site unknown			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } 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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ITEM 15, 16 CORRECTED		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	BY AFFIDAVIT OF Informant 6-22-59 Dec		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 May 19, 1958 to November 17, 1958 as my _____ Death occurred at 1:40 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Thomas G. Orr, Jr. M.D.		22b. ADDRESS VA Hospital, Kansas City, Missouri	22c. DATE SIGNED 11-19-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Removal	11-20-58	Calvary Cern.	Sedalia, Mo.
24. FUNERAL DIRECTOR John D. Reser, Warsaw Mo.		25. DATE RECD. BY LOCAL REG. 11-18-58	26. REGISTRAR'S SIGNATURE neva minshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MS
DEC 11 1953

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 *John F. Reser*

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.