

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006359  
STATE FILE NUMBER

REC FEB 25 1959

Registration District No. 100 Primary Registration District No. \_\_\_\_\_ Registrar's No. 30

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hudson Township</b>		c. CITY OR TOWN <b>Mentor</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Still-Hildreth Osteopathic sanatorium</b>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <b>1 yr 9mo 4d</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Wilbur</b> Middle <b>Morris</b> Last <b>Schweizerhof</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>7</b> Year <b>59</b>		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug 23, 1913</b>	9. AGE (In years last birthday) <b>45</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>14</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Kansas Gypsum, Saline County, 1</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>William Schweizerhof</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Gutsch</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Circulatory Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
DUE TO (b) <b>Coronary Thrombosis</b>		
DUE TO (c) <b>Arteriosclerosis</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Lobar Pneumonia</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

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.)
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20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____
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20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from **April 2, 1957** to **Feb 7, 1959** and last saw ~~him~~ <sup>her</sup> alive on **February 7, 1959**  
Death occurred at **12:30 pm** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. D. Perkins</i> (Degree or title)	22b. ADDRESS <b>Macon, Missouri</b>	22c. DATE SIGNED <b>2/7/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 10, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>German Baptist Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Elmo, Kans.</b>
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24. FUNERAL DIRECTOR <b>Rush Smith</b>	ADDRESS <b>Salina, Kans.</b>	25. DATE RECD. BY LOCAL REG. <b>2/19/59</b>	26. REGISTRAR'S SIGNATURE <i>Ruth McNeely</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

County File No. ....  
Date Filed ..... 2-24-58 .....

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 ..... *Charles L. Hutton* .....

Licensed Embalmer No. *4577* .....

P. O. Address *Macomb, 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.