

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009981

STATE FILE NUMBER

FILED MAR 24 1959

Registration District No. 166 Primary Registration District No. 4254 Registrar's No. 9

Health, Welfare Public Service

300
1-57

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1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KnobNoster,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Sedalia,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>0806</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.A. Crossing,</u> Length of stay in 1b <u>Transit</u>		d. STREET ADDRESS (If outside, give location) <u>III4 S. Park St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>NINA MAE SCHWEICKART</u>			4. DATE OF DEATH Month Day Year <u>March 13th. 1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>January II, 1920</u>
9. AGE (In years last birthday) <u>39</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	11. BIRTHPLACE (City and state or country) <u>Tipton, Missouri</u>
10a. FATHER'S NAME <u>Omer Z. Petree,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Jessie A. Bechtel,</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT Address <u>ST./Sgt. Edward A. Schweickart, Sedalia, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CRUSHED HEAD AND SKULL, CHEST CRUSHED,</u> DUE TO (b) <u>Auto in which she was riding, struck by Train</u> DUE TO (c) <u>Auto Train accident</u> on the Missouri Pacific Tracks, in KnobNoster, Mo. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>11 START</u>
20a. ACCIDENT <input checked="" 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.) <u>Auto Train Accident, at R.R. Crossing in KnobNoster,</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>I:00PM a.m. 3=13=1959</u>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rail Road Crossing, Johnson County, Missouri.</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>KnobNoster, Johnson County, Missouri</u>	
21. I attended the deceased from <u>Viewed Remains,</u> to <u>3-13-1959</u> and last saw <u>her</u> alive on <u>051</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Kelly Rawlins M.D. Coroner,</u>		22b. ADDRESS <u>Holden, Missouri, Johnson Co.</u>	22c. DATE SIGNED <u>3-13-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-17-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Highland Memorial Gardens, Sedalia, Missouri.</u>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS <u>The Brauningers, Warrensburg, Missouri.</u>		25. DATE RECD. BY LOCAL REG. <u>3-15-59</u>	26. REGISTRAR'S SIGNATURE <u>Erma L. Bestly</u>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 Richard McDonald

Licensed Embalmer No. 4825
P. O. Address... Washington

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.