

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028515

FILED VS AUG 17 1959 7

3016

232

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>		c. CITY OR TOWN <b>Jefferson City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Old St. Louis Road</b>	
3. NAME OF DECEASED First <b>EDWARDS</b> Middle <b>JOSEPH</b> Last <b>SCHWARTZ</b>		4. DATE OF DEATH Month <b>August</b> Day <b>15</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-23-1874</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman for International Harvester Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Harvester Co.</b>	11. BIRTHPLACE (City and state or country) <b>Hermann, Mo.</b>
13a. FATHER'S NAME <b>Charles Schwartz</b>		13b. MOTHER'S MAIDEN NAME <b>Christina Kaiser</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret Horner Schwartz</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT Address <b>Mrs. Margaret Schwartz Old St. Louis Rd. J.C.</b>
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>Adeno carcinoma generalizad</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Primary intestine</b> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <b>9 month</b> <b>9 month</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
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
21. I attended the deceased from <b>11/7/58</b> to <b>8/15/59</b> and last saw him alive on <b>8/15/59</b> . Death occurred at <b>1135</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>J. Tanigawa MD</b>		22b. ADDRESS <b>515 E High St</b>	22c. DATE SIGNED <b>8/15/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug. 17, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hermann City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Hermann, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Victor Buescher J.C. Mo</b>		25. DATE RECD. BY LOCAL REG. <b>16 August 1959</b>	26. REGISTRAR'S SIGNATURE <b>R. P. Norris, MD-MR</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1119 8 1979

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Victor Buesche*

Licensed Embalmer No. 370

P. O. Address JC Me

**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.