

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-014767

FILED VS APR 27 1960

STATE FILE NUMBER

Registration District No. 112 Primary Registration District No. 5428 Registrar's No. 4

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>FRANKLIN</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BRIGERD-NO</u>	a. STATE <u>MO</u>	b. COUNTY <u>FRANKLIN</u>
Length of stay in 1b <u>life</u>		c. CITY OR TOWN <u>GERALD. MO</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>His Home. BOONETWN</u>		d. STREET ADDRESS <u>RR II</u>	(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>LOUIS</u>	Middle <u>M.</u>	Last <u>SCHWEER</u>	Month <u>4</u>	Day <u>17</u>	Year <u>1960</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-1-1882</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (City and state or country) <u>RR II Gerald mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John H Schweer</u>	13b. MOTHER'S MARDEN NAME <u>Fredericka Bartel</u>	14. NAME OF HUSBAND OR WIFE <u>never married</u>
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>none</u>	17. INFORMANT <u>Edw F Schweer Gerald MO</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Chronic Myocardial Degeneration</u>		<u>2 mos.</u>
DUE TO (b) <u>Arteriosclerosis</u>		—
DUE TO (c)		—
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 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.)
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 <u>2-6-60</u> to <u>4-17-60</u> and last saw him alive on <u>4-15-60</u> Death occurred at <u>7 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	22a. SIGNATURE <u>Ronald Brand, M.D.</u> (Degree or title)	22b. ADDRESS <u>Owensville, Mo.</u>	22c. DATE SIGNED <u>4-18-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-20-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>M. E. Red Oak</u>	23d. LOCATION (City, town, or county) (State) <u>Rosebud Masonade mo</u>
24. FUNERAL DIRECTOR <u>E. J. Meyer</u>	ADDRESS <u>Gerald MO</u>	25. DATE RECD. BY LOCAL REG. <u>April 18-1960</u>	26. REGISTRAR'S SIGNATURE <u>John Charles Tenley</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Stanley E. Meyer

Licensed Embalmer No. 4639

P. O. Address Union 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.