

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030228
STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 5884 Registrar's No. 19

AMENDED

FILED SEP 5 1961

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

3. NAME OF DECEASED (Type or print) First Middle Last HUGO GERARD SCHAWECKER			4. DATE OF DEATH Month Day Year AUG. 29, 1961		
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 11/30/10	9. AGE (last birthday) 50	IF UNDER 1 YEAR Months 8 Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Westphalia, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Joseph Schauwecker		13b. MOTHER'S MAIDEN NAME Mary Sandbothe	
14. NAME OF HUSBAND OR WIFE Frances Luebbert		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Mrs. Hugo Schauwecker		Address Westphalia, 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) Acute Coronary Occlusion instant		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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)		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 5:45 a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 June 1961 to Aug 29, 1961 and last saw ^{her} him alive on May 1961
Death occurred at 5:45 AM on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) L. B. Klebla M.D.		22b. ADDRESS Jefferson City, Mo		22c. DATE SIGNED 9-1-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/1/61	23c. NAME OF CEMETERY OR CREMATORY St Joseph		23d. LOCATION (City, town, or county) (State) Westphalia, Mo.

24. FUNERAL DIRECTOR Sylvester Hulle	ADDRESS J C Mo.	25. DATE RECD. BY LOCAL REG. 9-2-61	26. REGISTRAR'S SIGNATURE Mrs. Clyde Norton
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

TS SEP 12 1961

SEP 21 1961

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 _____
Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.