

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-031646

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 174 Primary Registration District No. 3038 Registrar's No. 70

VS 300
Rev. 4/59

DATE AMENDED

0542
0542

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9445X

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122-0

133-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Lafayette		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington		Length of stay in 1b 58 yr.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette		c. CITY OR TOWN Lexington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Lexington Memorial Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 14th. & Main St.,				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First HENRY Middle SWARTZ Last SWARTZ						4. DATE OF DEATH Month August Day 16 Year 1962							
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 25 July 1874		9. AGE (last birthday) 88		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Used Metal sales				10b. KIND OF BUSINESS OR INDUSTRY Salvage		11. BIRTHPLACE (City and state or country) Minsk, Russia		12. CITIZEN OF WHAT COUNTRY U.S.A					
13a. FATHER'S NAME unknown				13b. MOTHER'S MAIDEN NAME unknown				14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) Yes Sp. Am. War						17. INFORMANT Address Edward Liebow Lexington, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line. DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) Terminal pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Malignant hypertension and DUE TO (c) chronic nephritis										INTERVAL BETWEEN ONSET AND DEATH 6 days			
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 7/28/62 to 8/16/62 and last saw her/him alive on 8/16/62 Death occurred at 4:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Ben H Brasher (Degree or title) M.D.						22b. ADDRESS Lexington, Mo.			22c. DATE SIGNED 8/17/62				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/18/62		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) Chicago Ill.		(State)					
24. FUNERAL DIRECTOR Vaughn-Walker Lexington, Mo				25. DATE RECD. BY LOCAL REG. 8-17-62		26. REGISTRAR'S SIGNATURE Harmon E. [Signature]							

USE BLACK INK OR TYPEWRITER RIBBON

SEP 5 1962

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 Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lexington, 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.