

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-037754

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1223

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 31 1962							
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <b>Buchanan</b></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital #2</b></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b></p> <p>c. CITY OR TOWN <b>St. Joseph</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>						
<p>3. NAME OF DECEASED (Type or print) First Middle Last <b>EDWARD SCHWARTZ</b></p>							
<p>4. DATE OF DEATH Month Day Year <b>October 28, 1962</b></p>							
<p>5. SEX <b>male</b></p>	<p>6. COLOR OR RACE <b>white</b></p>	<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <b>10/9/1882</b></p>	<p>9. AGE (last birthday) <b>80</b></p>	<p>IF UNDER 1 YEAR Months Days</p> <p>IF UNDER 24 HR Hours Min.</p>		
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>		<p>11. BIRTHPLACE (City and state or country) <b>St. Joseph, Mo.</b></p>		<p>12. CITIZEN OF WHAT COUNTRY <b>USA</b></p>	
<p>13a. FATHER'S NAME <b>unknown</b></p>			<p>13b. MOTHER'S MAIDEN NAME <b>unknown</b></p>			<p>14. NAME OF HUSBAND OR WIFE</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>no</b></p>		<p>16. SOCIAL SECURITY NO. <b>none</b></p>		<p>17. INFORMANT Address <b>State Hospital #2 Records, St. Joseph, Mo.</b></p>			
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>							
<p>IMMEDIATE CAUSE (a) <b>Broncho pneumonia</b></p>						<p>INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b></p>	
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b></p>						<p><b>unknown</b></p>	
<p>DUE TO (c)</p>							
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: <b>Diagnosis Dementia Praecox</b></p>							
<p>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</p>							
<p><b>Man has been a patient in the State Hospital since Mar. 22, 1913</b></p>							
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>							
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>			
		<p><b>Oct. 28, 1962</b></p>		<p><b>Oct. 28, 1962</b></p>			
<p>21. I attended the deceased from <b>Oct. 28, 1962</b> to <b>Oct. 28, 1962</b> and last saw her him alive on <b>Oct. 28, 1962</b></p> <p>Death occurred at <b>2:10 p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>							
<p>22a. SIGNATURE (Degree or title) <b>H F Mundy M.D.</b></p>				<p>22b. ADDRESS <b>St. Joseph Mo.</b></p>		<p>22c. DATE SIGNED <b>Oct 28, 1962</b></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b></p>		<p>23b. DATE <b>10/30/1962</b></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b></p>		<p>23d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b></p>		
<p>24. FUNERAL DIRECTOR ADDRESS <b>Hector Bowman St. Joseph, Mo.</b></p>			<p>25. DATE RECD. BY LOCAL REG. <b>Oct. 28, 1962</b></p>		<p>26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b></p>		

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DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
SHOULD READ  
BY AFFIDAVIT OF

MEDICAL CERTIFICATION  
*H.F. Mundy, M.D.*

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued 10/29/62



**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 William Felding

Licensed Embalmer No. 4535

P. O. Address St Joseph, 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.