

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043183

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 583

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 26 1962

1. PLACE OF DEATH
 a. COUNTY Jasper
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in 1b 11 yrs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. John's Hospital Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2038 Arizona Avenue Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Jasper
 c. CITY OR TOWN Joplin Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2038 Arizona Avenue Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
SHARON LEA SCHWEITZER
 4. DATE OF DEATH Month Day Year
11 18 62

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 5/31/1947 9. AGE (last birthday) 15 yrs IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 10b. KIND OF BUSINESS OR INDUSTRY High School 11. BIRTHPLACE (City and state or country) Oak Park, Ill. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME L. Richard Schweitzer 13b. MOTHER'S MAIDEN NAME Betty Lashmet 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 service) NO 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT Pts- L. Mr. and Mrs. Richard Schweitzer-Joplin, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Basel Skull Fracture on right side posterior INTERVAL BETWEEN ONSET AND DEATH inst.
 DUE TO (b) Automobile Accident
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Miss Schweitzer was riding in a car that failed to negotiate a curve and ran into a tree.

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
8:00 p.m. 11-18-62

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Redings Mill Area 20f. CITY, TOWN, OR LOCATION South of Joplin COUNTY Newton STATE Mo.

21. I attended the deceased from did not to _____ and last saw her him alive on _____
 Death occurred at 8:00 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) Coroner 22b. ADDRESS 508 Frisco Building-Joplin, Mo. 22c. DATE SIGNED 11-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Nov. 21, 1962 23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park 23d. LOCATION (City, town, or county) (State) Joplin, Missouri

24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MISSOURI ADDRESS 11-21-1962 25. DATE RECD. BY LOCAL REG. 11-21-1962 26. REGISTRAR'S SIGNATURE [Signature]

VS 300 Rev. 4/59
10499
20499
 3
 4 1
 5 0
 6
 7 1
 8 2
 9 X
 10
11049
1292-3
132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Lawrence E. Bruce

Licensed Embalmer No. 4463

P. O. Address Joplin 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.