MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 4 Primary Registration District No. H014 Registrar's No. 30 0009426 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0031
2 0020

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

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USE BLACK INK OR TYPEWRITER RIBBON

FILED MAR 17 1964

1. PLACE OF DEATH
a. COUNTY: ATCHISON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: FAIRFAX
Length of stay in 1b: 24 HOURS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Community Hosp.
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ANDREW
c. CITY OR TOWN: GRAHAM
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): RR# 1
Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First EMMA Middle MAY Last SCHWEIKHARDT

4. DATE OF DEATH: Month MAR. Day 7, Year 1964

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 6-26-1876
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HR: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: IN THE HOME
11. BIRTHPLACE (City and state or country): ANDREW Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: JOSEPH H. CONNER
13b. MOTHER'S MAIDEN NAME: MARIA BROWN
14. NAME OF HUSBAND OR WIFE: IRA E. SCHWEIKHARDT

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.: NONE
17. INFORMANT Address: Nik SCHWEIKHARDT GRAHAM Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral anoxia — INTERVAL BETWEEN ONSET AND DEATH: Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Apticemia — 4 Hours
DUE TO (c): Ruptured Hollow Viscus — 2 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. ☐ 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.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 29, 1959 to Mar 7, 1964 and last saw her/him alive on Mar 7, 1964
Death occurred at 6 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James Kinnaman M.D.
22b. ADDRESS: Maryville Mo.
22c. DATE SIGNED: 3-9-64

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-10-1964
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
23d. LOCATION (City, town, or county) (State): GRAHAM, Mo.

24. FUNERAL DIRECTOR ADDRESS: JAMES H. CRAWFORD Mound City Mo.
25. DATE RECD. BY LOCAL REG.: Mar 11, 1964
26. REGISTRAR'S SIGNATURE: Marvin N. Schenker

(Licensed Embalmer's Statement on Reverse Side)

APR 15 1964

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 James L. Hawkins

Licensed Embalmer No. 4796

P. O. Address Mound 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.