

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0020338

DO NOT WRITE ON THIS STUB

AMENDED

JNF I LED 09 64 <sup>316</sup>

Primary Registration District No. 3059 Registrar's No. 216

STATE FILE NUMBER

VS 300 Rev. 4/59	DATE AMENDED			
1 0941				
2 0950				
3				
4 12				
5 1				
6				
7 0				
8 2				
9 331X				
10				
11				
12 1-0				
13 1-0				

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>STE. GENEVIEVE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>BONNE TERRE</b>		Length of stay in 1b	c. CITY OR TOWN <b>WEINGARTEN</b>
c. FULL NAME OF (IF NOT in hospital, give location) <b>BONNE TERRE HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>ROUTE # 1</b>
3. NAME OF DECEASED (Type or print) <b>VALENTINE JOSEPH SCHWENT</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>2</b> Year <b>1964</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-5-1906</b>
9. AGE (last birthday) <b>57</b>		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) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>LAWRENCETON, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>FRANK L. SCHWENT</b>	
13b. MOTHER'S MAIDEN NAME <b>CAROLINE WEILER</b>		14. NAME OF HUSBAND OR WIFE <b>MABEL AUBUCHON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-05-1693</b>	17. INFORMANT <b>MRS. MABEL SCHWENT, WEINGARTEN, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</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) <b>Myocardial infarction</b>		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 checked="" 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 a.m. 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 <b>May 30, 1964</b> to <b>June 2, 1964</b> and last saw <sup>him</sup> alive on <b>June 2, 1964</b> Death occurred at <b>710/p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>R.A. Luckstep M.D.</b>		22b. ADDRESS <b>Farmington, Mo</b>	22c. DATE SIGNED <b>6/4/64</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6-5-1964</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. LAWRENCE CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>LAWRENCETON, MISSOURI</b>
24. FUNERAL DIRECTOR <b>JEROME H. STANTON, STE. GENEVIEVE, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>June 4, 1964</b>	26. REGISTRAR'S SIGNATURE <b>Ether Redloff</b>

USE BLACK INK OR TYPEWRITER RIBBON

JUN 10 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 Jerome L. Stanton  
Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, 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.