

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29832

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3886

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN SEDALIA	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 11 days		d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSPITAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		STREET ADDRESS (If rural, give location) 1001 WEST 10th. STREET	

3. NAME OF DECEASED (Type or Print)	a. (First) HAROLD	b. (Middle) EDWARD	c. (Last) SCHWENK	4. DATE OF DEATH (Month) (Day) (Year) September 3 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 23, 1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 6 Days 5	IF UNDER 24 HRS. Hours 5 Min. 8
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior decorator	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Schuylkill Haven, Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME William J. Schwenk	13b. MOTHER'S MAIDEN NAME Kattie Evely	14. NAME OF HUSBAND OR WIFE Mable E. Schwenk
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Official VA Hospital Records, K. C. Mo.	ADDRESS K. C. Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema		2-3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchogenic carcinoma, right main stem with metastasis to liver, spleen, lymph nodes etc. DUE TO (c) Chronic pyelonephritis		1 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			3-4 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **August 23, 1955**, to **September 3, 1955**, and that death occurred at **6:35 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Josquin F. Lopez, MD (Degree or title)	23b. ADDRESS VA Hospital, Kansas City, Mo.	23c. DATE SIGNED 9-4-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept-4-55	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) SEDALIA, MO
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DATE REC'D BY LOCAL REG. 9-5-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer	ADDRESS K.C. Mo.
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(Licensed Embalmer's Statement on Reverse Side)