

FILED MAY 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12981

State File No. ....

BIRTH NO. ....		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 4273		Registrar's No. 33			
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette MO					
b. CITY OR TOWN Concordia		c. LENGTH OF STAY (in this place) entire life		c. CITY (If outside corporate limits, write RURAL and give township) Concordia		d. STREET ADDRESS (If rural, give location) RR# 4 miles NE			
d. FULL NAME OF HOSPITAL OR INSTITUTION Died at home				d. STREET ADDRESS (If rural, give location) RR# 4 miles NE					
3. NAME OF DECEASED (Type or Print) a. (First) Herman c. (Last) Schmoke			b. (Middle) C. W. S. Schmoke			4. DATE OF DEATH (Month) (Day) (Year) 4-26-49			
5. SEX MC	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-2-1913		9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months 4 Days 26	IF UNDER 1 MIN. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Effingham Ill		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME August Schmoke		13b. MOTHER'S MAIDEN NAME Fana Hill		14. NAME OF HUSBAND OR WIFE Wife Frieda Schmoke					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) None None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Frieda Schmoke ADDRESS Emoria					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon monoxide asphyxiation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Found dead at rear end of motor car. The engine was running. Indications are that he was repairing the car & that death was DUE TO (c) / was repairing II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 8 15	
19a. DATE OF OPERATION on operation		19b. MAJOR FINDINGS OF OPERATION on operation				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMEICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Concordia Lafayette MO					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-26-49		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Carbon monoxide asphyxiation					
22. I hereby certify that I attended the deceased from 4:15 p.m. to 4:26 p.m. on 4-26-49, and that death occurred at 6:15 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. Martin M.D. Coroner				23b. ADDRESS Odessa Mo		23c. DATE SIGNED 4/26/49			
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 4-29-49	24c. NAME OF CEMETERY OR CREMATORY St. Luke Cemetery		24d. LOCATION (City, town, or county) (State) Concordia MO				
DATE REC'D BY LOCAL REG. 4-28-49		REGISTRAR'S SIGNATURE Clayton H. Landrum 154		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ... Freestling & Veigt Concordia Mo					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-9-19

OCT 10 1919

10-10-1919

*[Handwritten notes and signatures, including "The body was embalmed..."]*

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 \_\_\_\_\_  
Student Embalmer

Signed *E. H. [Signature]* - *F. G. [Signature]* 151  
2959  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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 this body is not embalmed; fact should be so stated above. *[Handwritten notes]*