

FILED JUN 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15578

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BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 512

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI		b. COUNTY HENRY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (If this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONTROSE RURAL		
d. FULL NAME OF HOSPITAL OR INSTITUTION O'REILLY VA HOSPITAL			d. STREET ADDRESS (If rural, give location) ROUTE 1			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM			b. (Middle) E.	c. (Last) SCHMEDDING	4. DATE OF DEATH (Month) (Day) (Year) June 8 1949	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOVEMBER 16, 1890	9. AGE (In years last birthday) 58	10. UNDER 1 YEAR 6	11. UNDER 1 MRS. Hours 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) GERMANTOWN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN SCHMEDDING		13b. MOTHER'S MAIDEN NAME NORA BUCKLEY		14. NAME OF HUSBAND OR WIFE MARGARET SCHMEDDING		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES APRIL 26, 1918 TO		16. SOCIAL SECURITY NO. 487-12-1007	17. INFORMANT'S SIGNATURE OR NAME O'REILLY VA HOSPITAL			ADDRESS SPRINGFIELD, MISSOURI
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) May 31, 1919		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis, diffused, bilateral			INTERVAL BETWEEN ONSET AND DEATH 592x	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac hypertrophy, Bronchopneumonia Edema meninges; Atherosclerosis						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) m.		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 June 3, 1949 , to June 8, 1949 , that I last saw the deceased alive on June 8, 1949 , and that death occurred at 2:10 a.m. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) P. J. ETSELE, M. D. Clinical Director			23b. ADDRESS O'REILLY VA HOSPITAL SPRINGFIELD, MISSOURI		23c. DATE SIGNED June 8, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE June 8, 1949	24c. NAME OF CEMETERY OR CREMATORY MONTROSE MO.	24d. LOCATION (City, town, or county) (State) HENRY Co. Mo		
DATE RECD BY LOCAL REG. 6/8/49		REGISTRAR'S SIGNATURE W. J. Handley MD		25. FUNERAL DIRECTOR'S SIGNATURE Wickman & Dennis		
				ADDRESS 218 S. 21st Clinton Mo		

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

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 _____

Robert L. Dunning

Student Embalmer No. *3682*

working under my personal supervision.

Student *Robert L. Dunning*

Student Embalmer

Signed _____

J. P. Housey
Robert L. Dunning
Licensed Embalmer No. *3682*

P. O. Address *Calhoun, Md.*

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.