

FILED JUL 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22863

State File No. _____

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

| | | | | | | | |
|--|----------------------------------|---|---|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>72</u> | | PRIMARY REG. DIST. NO. <u>5289</u> | | Registrar's No. <u>75</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Galitan</u> | | c. LENGTH OF STAY (in this place) <u>10 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Galitan</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>—</u> | | | | d. STREET ADDRESS (If rural, give location) <u>R.F.D. #2 Liberty</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> | | | b. (Middle) <u>R.</u> | | c. (Last) <u>Schmidt</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 25 1949</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>July 14 1889</u> | | 9. AGE (In years last birthday) <u>59</u> | IF UNDER 1 YEAR Months <u>11</u> Days <u>16</u> | IF UNDER 4 HRS. Hours <u>—</u> Min. <u>—</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garment Worker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Garment</u> | | 11. BIRTHPLACE (State or foreign country) <u>Newton, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Abraham Schmidt</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Pauline Matz</u> | | 14. NAME OF HUSBAND OR WIFE <u>Rebecca</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> | | 16. SOCIAL SECURITY (If gov. give war or dates of service) <u>World War I 496-65-7682</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lawrence Baigle 2729 Lathrop</u> | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyctic Shock</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Stung by Bumble Bee.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>None</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6-25-49</u> <u>39270</u> <u>none</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Galitan Clay Mo.</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-25-49 5:30pm</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Bee Sting</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>6-25 1949</u> to <u>6-25-49</u> , that I last saw the deceased alive on <u>6-25-49</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>May R. Norton MD</u> | | | 23b. ADDRESS <u>1910 Clayton Ave. No. KC.</u> | | | 23c. DATE SIGNED <u>6-27-49</u> | |
| 24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>28 June 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mount Moriah</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>June 28-1949</u> | | REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John S. Morton N.K.C. No.</u> | | | |

RECEIVED JUL 18

District Health Officer No.

District File Number _____

Date Filed 7-20-49

JUL 4 1949

MAR 11 1950

SEP 10 1949

JUL 27 1949

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 Harold L. Posson

Licensed Embalmer No. 3605

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.