

FILED OCT 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33314

24
2

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

BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>3014</u>		Registrar's No. <u>74</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 town) <u>Liberty</u>		c. LENGTH OF STAY (in this place) <u>4 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>221 West Kansas St.</u>				d. STREET ADDRESS (If rural, give location) <u>221 West Kansas St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Walter</u>		b. (Middle) <u>G.</u>		c. (Last) <u>Schmidt</u>	
		4. DATE OF DEATH		(Month) <u>Oct.</u>		(Day) <u>14</u> (Year) <u>49</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>Aug. 11-1898</u>		9. AGE (In years last birthday) <u>51</u> <u>2</u> <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>"</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>	
13a. FATHER'S NAME <u>Carl Schmidt</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Welthers</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Schmidt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clara Schmidt</u>			
				ADDRESS <u>Liberty Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>One hour</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary Thrombosis</u>		<u>2 years</u>	
				DUE TO (c) <u>Coronary Thrombosis</u>		<u>1 year</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>(None)</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (Min.)		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 <u>June</u> , 1948, to <u>Oct 14</u> , 1949, that I last saw the deceased alive on <u>Oct 14</u> , 1949, and that death occurred at <u>7:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James H. Thilloughy, M.D.</u>		23b. ADDRESS <u>Liberty Mo.</u>				23c. DATE SIGNED <u>10-15-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct-17-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 15, 1949</u>		REGISTRAR'S SIGNATURE <u>Minnie Haynes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Spencer - Arceve Co.</u>		ADDRESS <u>Liberty Mo.</u>	

RECEIVED OCT 24
District Health Officer No. 3,
District File Number _____
Date Filed 10-24-49

SEP 27 1951

OCT 28 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

John Gonzalez

Licensed Embalmer No. 4448

P. O. Address. Liberty, 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 this body is not embalmed, fact should be so stated above.