

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40278

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1362

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>60 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2343 Ashland Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2343 Ashland Ave.</u>			

3. NAME OF DECEASED (Type or Print) <u>Oscar</u>	a. (First)	b. (Middle) <u>Fred</u>	c. (Last) <u>Schmidt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10, 1949</u>
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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>Oct. 17, 1879</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>23</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>deputy clerk, City assessors</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Mo.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John C. Schmidt</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Bode</u>	14. NAME OF HUSBAND OR WIFE <u>Augusta L. Schmidt</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Oscar F. Schmidt, St. Joseph, MO.</u>	ADDRESS <u>St. Joseph, MO.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Coronary Disease</u> DUE TO (c) <u>Cirrhosis ?? liver.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4222</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-22, 1949 to 12-10, 1949 that I last saw the deceased alive on 12-8, 1949 and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. W. Kieber</u>	(Signature or title) <u>M.D.</u>	23b. ADDRESS <u>705 Bldg St Joseph Mo</u>	23c. DATE SIGNED <u>12-12-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/13/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 13, 1949</u>	REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Bowman</u>	ADDRESS <u>St. Joseph Mo,</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. R. W. Reiber  
Pg 5.

**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 *William Golding*

Licensed Embalmer No. *4535*

P. O. Address *319 S. 10th St. Joseph, 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.