

FILED JUN 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17324**

0551

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **283** PRIMARY REG. DIST. NO. **3037** Registrar's No. **337**

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt Vernon</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt Vernon 0551</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Thurman Ave</b>		d. STREET ADDRESS (If rural, give location) <b>Thurman Ave</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Maude</b> b. (Middle) <b>Delana</b> c. (Last) <b>Schmidt</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 4 1950</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov-2-1881</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR: Months <b>6</b> Days <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Lawrence County, Mo U.S.A.</b>	

13a. FATHER'S NAME <b>Hollie New Jennings</b>		13b. MOTHER'S MAIDEN NAME <b>Kate Mc Donald</b>		14. NAME OF HUSBAND OR WIFE <b>Albert C Schmidt</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Albert C Schmidt Mt Vernon, Mo</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Apr 29 &amp; May 3</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. <b>Arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>331X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>Mt. Vernon Lawrence Mo.</b>
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 **Apr 29, 1950**, to **May 3, 1950**, that I last saw the deceased alive on **May 3, 1950**, and that death occurred at **12:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>B. D. Baird</b> (Degree or title) <b>0</b>	23b. ADDRESS <b>Mt. Vernon, Mo.</b>	23c. DATE SIGNED <b>5/24/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May-7-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Mt Vernon Mo.</b>		

DATE REC'D BY LOCAL REG. <b>May 27, 1950</b>	REGISTRAR'S SIGNATURE <b>Cecil Kendrick</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mat L Fossett Mt Vernon, Mo</b>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED MAY 31 1950  
District Health Office No. 6,  
District File Number 650-624  
Date Filed 6-3-50

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 Max L. Fossil

Licensed Embalmer No. 4252

P. O. Address McDonough, 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.