

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26412

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>84</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Boonville</u>		c. LENGTH OF STAY (In this place) <u>20 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		0277	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home 409 1/2 Fourth St.</u>				d. STREET ADDRESS (If rural, give location) <u>409 1/2 Fourth St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u>		b. (Middle) <u>Siegel</u>		c. (Last) <u>Schmidt.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 17<sup>th</sup> 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>November 6<sup>th</sup> 1862</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Days <u>0</u>	Hours <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Cooper County, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>??? Siegel</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown.</u>		14. NAME OF HUSBAND OR WIFE <u>Leonard Schmidt.</u>			
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>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry Schmidt, Boonville, Missouri.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterial complex</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>Arterio sclerosis</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>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>over 1 year.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		3.4X	
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 <u>Aug 11</u> , 19 <u>50</u> , to <u>8-17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Aug 1</u> , 19 <u>50</u> , and that death occurred at <u>3</u> of <u>A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W.E. Stout</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Boonville, Mo.</u>		23c. DATE SIGNED <u>8-19-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (1)</u>		24b. DATE <u>Aug. 20 1950</u>	24c. NAME OF CEMETERY OR CREMATORY: <u>Clarks Fork Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Cooper County, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>8-20-50</u>		REGISTRAR'S SIGNATURE <u>Do Hooper</u> <u>381</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman &amp; Boller, Boonville, Missouri.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

RECEIVED 8/28/50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 8/28/50

OCT 4 1952

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Walter E. Moyer

Signed.....  
Student Embalmer

Licensed Embalmer No. 04491

P. O. Address Bonville, Mo.

Note: This 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.