

FILED SEP 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31135

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 4335 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY MONITEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY MONITEAU	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TIPTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TIPTON	
c. LENGTH OF STAY (In this place) LIFE		d. STREET ADDRESS (If rural, give location) NO STREET ADDRESS	
d. FULL NAME OF HOSPITAL OR INSTITUTION NO STREET ADDRESS			

3. NAME OF DECEASED a. (First) BERTHA-KATHRYN-SCHMIDT (Type or Print)			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 9 - 8 - 1950						
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 9-18-1869		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 12 MIN. Hours	IF UNDER 12 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY HOME			11. BIRTHPLACE (State or foreign country) TIPTON - MO			12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME GEORGE DOLFFELDER			13b. MOTHER'S MAIDEN NAME KATHRYN SCHMIDT			14. NAME OF HUSBAND OR WIFE JOHN P. SCHMIDT		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME John P. Schmidt		ADDRESS Tipton, Mo		

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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis						10 yrs	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						4/20/1	
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)	
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 May 5, 1949, to Sept 8, 1950, that I last saw the deceased alive on Sept 8, 1950, and that death occurred at 4:55 A. M., from the causes and on the date stated above.

23a. SIGNATURE W. H. Tipton (Degree or title)		23b. ADDRESS Mo		23c. DATE SIGNED 9-9-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-11-1950		24c. NAME OF CEMETERY OR CREMATORY CATHOLIC CEMETERY	
				24d. LOCATION (City, town, or county) (State) Tipton, Mo	

DATE REC'D BY LOCAL REG. 9-15-1950		REGISTRAR'S SIGNATURE Mrs. Maudie Hudson		25. FUNERAL DIRECTOR'S SIGNATURE J. E. Richard		ADDRESS Tipton, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

680

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RECEIVED 9/19/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9/19/50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *James E. Richards*

Signed
Student Embalmer

Licensed Embalmer No. 2466

P. O. Address *Lipton, 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.