

FILED DEC 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40182

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 282

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City Mo</u>		c. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Jefferson City. 0264</u>	
d. FULL NAME (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>935 Fairmount</u>		d. STREET ADDRESS (If rural, give location) <u>935 Fairmount</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>SCHMITT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15, 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>Dec. 8, 1872</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Month <u>0</u> Day <u>7</u>
10a. USUAL OCCUPATION (Give kind of work and specify most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) <u>Chicago Ill. 1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13. FATHER'S NAME <u>Martin Durkin</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Baynes</u>		14. NAME OF HUSBAND <u>Daniel Schmitt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Berdine Wallace</u> ADDRESS <u>J.C. No.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Bronchial Pneumonia</u>		PRECEDENT CAUSES (b) <u>Cerebral Thromboses</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Generalized arteriosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)				<u>932X</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 12-8, 1950, to 12-15, 1950; that I last saw the deceased alive on 12-14, 1950, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. D. Mc Keeley M.D.</u>		23b. ADDRESS <u>Jefferson City Mo</u>		23c. DATE SIGNED <u>12-16-50</u>	
24a. BURIAL, CREMA-TION, OR REMOVAL (Specify)		24b. DATE <u>Dec 16, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unk.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Chicago, Ill</u>	

DATE REC'D BY LOCAL REG. <u>Dec 16-1950</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis M.D. - NR</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Hulle</u> ADDRESS <u>J.C. No.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

12-18-50

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 12-18-50 -----

APR 31 1951

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 -----

Donnan K. James

Student Embalmer No. 374

working under my personal supervision.

Student *Donnan K. James*
Student Embalmer

Signed *Sybilster Rull*

Licensed Embalmer No. 4321

P. O. Address *Jefferson City, 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.