

S. No. 300
v. No. 46

FILED FEB 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1903

0680

BIRTH NO. _____		REG. DIST. NO. 221		PRIMARY REG. DIST. NO. 4331		Registrar's No. 22					
1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau							
b. CITY OR TOWN Jamestown		c. LENGTH OF STAY (in this place) 2 years		c. CITY OR TOWN Jamestown, Mo.		0680					
d. FULL NAME OF HOSPITAL OR INSTITUTION Jamestown, Mo.				d. STREET ADDRESS (If rural, give location) Jamestown, Mo.							
3. NAME OF DECEASED a. (First) William			b. (Middle) A.		c. (Last) Schmidt		4. DATE OF DEATH (Month) (Day) (Year) February 5, 1951				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 18, 1880		9. AGE (in years last birthday) 70			
						IF UNDER 1 YEAR Months 10		IF UNDER 24 HRS. Days 22			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) supervisor, ret.			10b. KIND OF BUSINESS OR INDUSTRY retail gen. store			11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Emil Schmidt			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Martha Schmidt					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown			16. SOCIAL SECURITY NO. 347-09-9348		17. INFORMANT'S SIGNATURE OR NAME Martha G. Schmidt				ADDRESS Jamestown, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Hypertension				INTERVAL BETWEEN ONSET AND DEATH undetermined			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____			
				DUE TO (c) _____				4222			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
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) Jamestown, Moniteau Mo						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 Feb. 5, 1951, only, 19____, that I last saw the deceased alive on Feb. 5, 1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above.											
23a. SIGNATURE R.S. Fulke, M.D.				(Degree or title)		23b. ADDRESS California, Mo		23c. DATE SIGNED 2-6-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 9, 1951		24c. NAME OF CEMETERY OR CREMATORY college Hill		24d. LOCATION (City, town, or county) (State) Lebanon, Ill.					
DATE REC'D BY LOCAL REG. Feb 6-1951		REGISTRAR'S SIGNATURE Gadam Snow			194		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earse Rowlin, California				

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

7710

RECEIVED 2-8-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 2-8-51

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

Jack H. Bowlin

working under my personal supervision.

Student Embalmer No. 392

Signed Earl R. Bowlin

Signed Jack H. Bowlin
Student Embalmer

Licensed Embalmer No. 2126

P. O. Address California

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.