

FILED JUN 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16133**

BIRTH NO. _____		REG. DIST. NO. 112		PRIMARY REG. DIST. NO. 4184		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin			
b. CITY OR TOWN Gerald, Missouri		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Gerald, Missouri		d. STREET ADDRESS 0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0360			
3. NAME OF DECEASED (Type or Print) a. (First) Frederich b. (Middle) William c. (Last) Schmidt			4. DATE OF DEATH (Month) (Day) (Year) May 20, 1951				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 1, 1868	
9. AGE (In years last birthday) 83		10. MONTHS 2		11. DAYS 19		12. HOURS 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Beemont, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Schmidt			13b. MOTHER'S MAIDEN NAME Marie Flottmann			14. NAME OF HUSBAND OR WIFE Fredericke Schmidt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert Schmidt, Gerald, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 3 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222					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) (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 Apr , 19 48 , to May 20 , 19 51 , that I last saw the deceased alive on May 5 , 19 51 , and that death occurred at 6:00 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE St Matthews Mt.			23b. ADDRESS Beemont Mo		23c. DATE SIGNED 5-22-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 23, 1868		24c. NAME OF CEMETERY OR CREMATORY Stone Church		24d. LOCATION (City, town, or county) (State) North of Gerald, Mo.	
DATE REC'D BY LOCAL REG. 5-22-51		REGISTRAR'S SIGNATURE St Matthews		95		GENERAL DIRECTOR'S SIGNATURE ADDRESS Gerald, Mo.	

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

0360

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 9 1951

RECEIVED

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.

Signed.....
Student Embalmer

Student Embalmer No.

Signed.....

E. P. Ottmayer

Licensed Embalmer No. 4054

P. O. Address Gerald, Missouri

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.