

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27833

State File No.

BIRTH NO. 63045-57 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY <u>Phelps</u> <u>0812</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u> <u>0812</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps G Mem. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>914 W. 10th</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BARTH</u> b. (Middle) <u>MORGAN</u> c. (Last) <u>Schmidt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept</u> <u>2</u> <u>1951</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 2 - 1951</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>4</u> <u>45m</u> <u>0</u> <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Edwin M. Schmidt</u>	13b. MOTHER'S MAIDEN NAME <u>Sybil A. Hanson</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>none</u>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital heart disease (patent foramen ovale)</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Cleft palate & hare lip</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>754/3</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept 2, 1951, to Sept 2, 1951, that I last saw the deceased alive on Sept 2, 1951, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>Rolla Mo</u>	23c. DATE SIGNED <u>9-4-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept 5, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Caddale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Davenport, Iowa</u>
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DATE REC'D BY LOCAL REG. <u>Sept 4, 1951</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Dull</u>	ADDRESS <u>Rolla, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-46

SEP 13 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *Paul E. Null*

Signed.....
Student Embalmer

Licensed Embalmer No..... *4498*

P. O. Address..... *Rolla, 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.