

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41058

FILED JAN 7 1952

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>342</u>	
1. PLACE OF DEATH a. CITY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn</u>		<u>9763</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Charles E. Still</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GERHARD</u> b. (Middle) <u>JOHN</u> c. (Last) <u>SCHMITZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 28, 1951</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 16, 1878</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restruant Operator</u>		11. BIRTHPLACE (State or foreign country) <u>Linn, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Martine Schmitz</u>		13b. MOTHER'S MAIDEN NAME <u>Gertie Muenks</u>		14. NAME OF HUSBAND OR WIFE <u>Agnes Albuier Schmitz</u>			
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>489 16 1199</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. G. H. Schmitz Linn, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Angestive heart disease</u> DUE TO (c) <u>Bronchial asthma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Lymphatic Leukemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>15 yrs</u> <u>17 mos</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<u>4342</u>		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 <u>Aug 10, 1950</u> , to <u>Dec 27, 1951</u> , that I last saw the deceased alive on <u>Dec 27, 1951</u> , and that death occurred at <u>3 a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Arnold W. Ballwin D.O.</u>				23b. ADDRESS <u>Linn, Mo.</u>		23c. DATE SIGNED <u>12/29/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 31, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. George's</u>		24d. LOCATION (City, town, or county) (State) <u>Linn, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 29-1951</u>		REGISTRAR'S SIGNATURE <u>R. P. Norris M.D. MR.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton Funeral Home</u>		ADDRESS <u>Linn, Mo.</u>	

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

RECEIVED JAN 5 1952
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed JAN 5 1952

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Vernon M. Milton*

Licensed Embalmer No. *4125*

P. O. Address *Linn 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.