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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41147

State File No.

FILED JAN 5 1952

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5392 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anutt Watkins</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anutt</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>In the Town of Anutt Mo.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In the Town of Anutt Mo.,</u>			

3. NAME OF DECEASED (Type or Print) <u>LOUISA</u>			a. (First)			b. (Middle)			c. (Last) <u>SOHMEDAKE</u>			4. DATE OF DEATH <u>Dec. 17, 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 26 1868</u>			9. AGE (In years last birthday) <u>83</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 100 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>				11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>George Kinder</u>				13b. MOTHER'S MAIDEN NAME <u>Catherine Faulkner</u>				14. NAME OF HUSBAND OR WIFE <u>Charles F. Schmedake</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>XX</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Charles F. Schmedake, Anutt Missouri</u>				ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>								?	
		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. <u>Bed sores - severe</u>									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>								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)		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 11-10-51, 1951, to 12-6-51, 1951, that I last saw the deceased alive on 11-10-51, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Hart</u> (Degree or title) <u>D</u>				23b. ADDRESS <u>Salem Mo.</u>				23c. DATE SIGNED <u>12-22-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 21 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anutt Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Anutt, Missouri</u>			

DATE REC'D BY LOCAL REG. <u>12-22-51</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</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

RECEIVED
DEC 28 1951
DISTRICT HEALTH OFFICE No. 4
File No.

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.....
Student Embalmer

Signed..... *Paul E. Nul*
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
the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.