V.S. No. 300
Rev. 10.48

FILED DEC 26 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 41814

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5341

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

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 61 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital #1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 27 28
d. STREET ADDRESS (If rural, give location): 4746 Roanoke Parkway

**3. NAME OF DECEASED** (Type or Print)
a. (First): Marie
b. (Middle): Ona
c. (Last): Schmidt

**4. DATE OF DEATH** (Month) (Day) (Year): Dec 9 1951

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never Married
**8. DATE OF BIRTH**: Jan 13-1890
**9. AGE** (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Credit Dept
**10b. KIND OF BUSINESS OR INDUSTRY**: KC. Power & Light Company
**11. BIRTHPLACE** (State or foreign country): Kansas City Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Frank F. Schmidt
**13b. MOTHER'S MAIDEN NAME**: Mollie L. Bauer
**14. NAME OF HUSBAND OR WIFE**: —

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**: 186-07-1980
**17. INFORMANT'S SIGNATURE OR NAME**: Edwin B Schmidt — ADDRESS: 4746 Roanoke Parkway

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull Lacerations — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Fall
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

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**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: History & Inspection
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): Jackson Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 12-9-51 4:45 P.m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☑
**21f. HOW DID INJURY OCCUR?**: Auto Collision 2 Cars

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 4:30 p m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Hugh H. Owens — Hugh H. Owens Coroner
**23b. ADDRESS**: 1034 Rialto Bldg
**23c. DATE SIGNED**: 12-10-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial (1)
**24b. DATE**: Dec. 12, 1951
**24c. NAME OF CEMETERY OR CREMATORY**: Mt. Washington Cemetery
**24d. LOCATION** (City, town, or county) (State): Kansas City Missouri

**DATE REC'D BY LOCAL REG.**: 12-12-51
**REGISTRAR'S SIGNATURE**: Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE**: S. W. Newcomer's Sons — ADDRESS: 1331 Brush Creek, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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 John R. Sidmon

Licensed Embalmer No. 4531

P. O. Address Kansas City, M

**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.**