

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4419

State File No.

FILED MAR 10 1952

BIRTH NO. _____		REG. DIST. NO. <u>77</u>	PRIMARY REG. DIST. NO. <u>3016</u>	Registrar's No. <u>58</u>
1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</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)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOKANE</u> <u>0140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL STAUBERT Township</u>		
3. NAME OF DECEASED (Type or Print) <u>EMIL</u>		a. (First)	b. (Middle)	c. (Last) <u>SCHMID</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 6, 1952</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>Aug 14, 1871</u>		9. AGE (In years last birthday) <u>71</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>SWITZERLAND</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ANTON SCHMID</u>		
13b. MOTHER'S MAIDEN NAME <u>AINA unknown</u>		14. NAME OF HUSBAND OR WIFE <u>MINNIE SCHMID</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MINNIE SCHMID</u> ADDRESS _____
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</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.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>4200</u>
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 <u>April</u> , 1948, to <u>Mar. 6</u> , 1952, that I last saw the deceased alive on <u>Mar. 6</u> , 1952, and that death occurred at <u>6:15 P.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Earl L. Loyd M.D.</u> (Degree or title)		23b. ADDRESS <u>Jeff. City, Mo.</u>		23c. DATE SIGNED <u>3-6-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/9/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mokane Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Mokane Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin Funeral Home Fulton</u> ADDRESS _____		
DATE REC'D BY LOCAL REG. <u>March 6-1952</u>		REGISTRAR'S SIGNATURE <u>R. P. Dorris M.D. MR.</u>		

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

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↓ (over)

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 Nancy A. Stewart

Licensed Embalmer No. 3722

P. O. Address Fulton 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.

X
was told the ink is permanent blue - Is it acceptable this time? or not? ..