

STANDARD CERTIFICATE OF DEATH

State File No. **19283**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **98**

TALKENB
043
0
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE MISSOURI b. COUNTY LINCOLN (Institution).	
b. CITY (If outside corporate limits, write RURAL and give township) MEXICO		c. CITY (If outside corporate limits, write RURAL and give township) TROY 6570	
c. LENGTH OF STAY (in this place) 200		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION AUDRAIN COUNTY HOSP			

3. NAME OF DECEASED (Type or Print) CHARLES FREDRICK SCHMITT			4. DATE OF DEATH (Month) (Day) (Year) JUNE 17 - 52		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH JULY 14-1869		9. AGE (in years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT	
11. BIRTHPLACE (State or foreign country) LINCOLN Co. MO		12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME CARISTOLPH SCHMITT	
13b. MOTHER'S MAIDEN NAME UNK.		14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. 490-12-3387		17. INFORMANT'S SIGNATURE OR NAME MRS. R. W. GENZE - MEXICO, MO			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure, acute				12 hrs	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Myocarditis chronic (3)		2 yrs	
		DUE TO (c) Arturoschrom		15 yrs	
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 4 2 2 1		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)		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 June 16, 19 52 to June 17, 19 52, that I last saw the deceased alive on June 17, 19 52, and that death occurred at 11:55 m., from the causes and on the date stated above.

23a. SIGNATURE M. Kallenbach MD (Degree or title) 0		23b. ADDRESS 119 E. Jackson, Mexico, Mo.		23c. DATE SIGNED June 17, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-19-52		24c. NAME OF CEMETERY OR CREMATORY WRIGHT CITY Cem	
24d. LOCATION (City, town, or county) WRIGHT CITY MO		25. FUNERAL DIRECTOR'S SIGNATURE MRS. ARNOLD, JR. ADDRESS MEXICO MO			
DATE REC'D BY LOCAL REG. June 18 1952		REGISTRAR'S SIGNATURE Blanche Neely			

2 317/111

JUL 22 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 Charles V. McConing

Licensed Embalmer No. 4875

P. O. Address Meriden MD

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.