

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24983

State File No.

FILED JUL 29 1952

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 5650 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VEYONA, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VEYONA-MO-R-1</u>	
c. LENGTH OF STAY (In this place) <u>Year</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 MILE SOUTH</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VEYONA, MO. R-1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Virginia</u>	b. (Middle) <u>Schmidt</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 29-1952</u>
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>DEC-1-1876</u>	9. AGE (In years last birthday) <u>76</u>	10. IF UNDER 1 YEAR Months	11. IF UNDER 6 WKS. Hours	12. IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas (County UNKNOWN)</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>MOSE STOKES</u>	13b. MOTHER'S MAIDEN NAME <u>Abigail Watson</u>	14. NAME OF HUSBAND OR WIFE <u>William Schmidt</u>
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ethel M. Valentine</u>	ADDRESS <u>VEYONA, MO.</u>
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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>Medullary Failure</u>		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) <u>Thrombotic Encephalomalacia 2da</u>		
	DUE TO (c) <u>Arteriosclerosis</u>		<u>5 yrs</u>
	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 <u>332X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-27, 1952, to 6-29, 1952, that I last saw the deceased alive on 6-29, 1952, and that death occurred at 9:35 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. Avery Watson D.O.</u>	23b. ADDRESS <u>2 Veyona, Mo</u>	23c. DATE SIGNED <u>6-30-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 1-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Springer</u>	24d. LOCATION (City, town, or county) (State) <u>Verona MO</u>
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DATE REC'D BY LOCAL REG. <u>July 23, 1952</u>	REGISTRAR'S SIGNATURE <u>Dora McNett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blair L. Marsh</u>	ADDRESS <u>AVYONA, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

532

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.....

Myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Paul L. Marsh*.....

Licensed Embalmer No. *3812*.....

P. O. Address *..... 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.