

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27446

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 126

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| 1. PLACE OF DEATH a. COUNTY <u>Cass</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Camp Branch Twp</u> | |
| c. LENGTH OF STAY (In this place) <u>1 Day</u> | | d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi N. of East Lynne</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>MARTHA JANE SCHMOLL</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 16 1952</u> |
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| 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>June 12-1911</u> | 9. AGE (In years, last birthday) (Months) (Days) (Hours) (Mins.) <u>41</u> |
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| 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 | 11. BIRTHPLACE (State or foreign country) <u>Cass Co Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Frank W. Napton</u> | 13b. MOTHER'S MAIDEN NAME <u>Ethel Williams</u> | 14. NAME OF HUSBAND OR WIFE <u>Archie L. Schmoll</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Bernice Napton</u> | ADDRESS <u>Lisle, 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>3rd degree Burn of 7/5 body</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>toxemia + anemia</u> 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 | 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) (m.) | 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 April, 1947, to Aug 16, 1952, that I last saw the deceased alive on Aug 16, 1952, and that death occurred at 5 1/2 m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Harry B. Williams</u> | 23b. ADDRESS <u>Harrisonville, Mo</u> | 23c. DATE SIGNED <u>8-18-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Aug 19-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Grand Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo.</u> |
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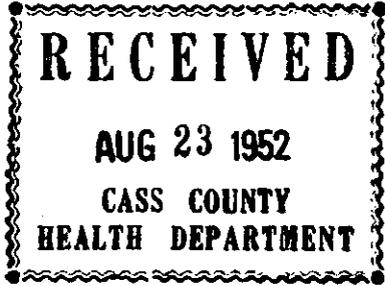
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| DATE REC'D BY LOCAL REG <u>Aug 19 1952</u> | REGISTRAR'S SIGNATURE <u>Rosa Barward</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Chamberlain</u> | ADDRESS <u>Harrisonville Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *James R. Phillips*

Licensed Embalmer No. *4641*

P. O. Address *Harrisonville, 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.