

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42725**

FILED DEC 26 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 472 PRIMARY REG. DIST. NO. 5642 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Waverly rural, Middleton</u>		c. LENGTH OF STAY (In this place)	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Waverly rural, Middleton</u>		d. STREET ADDRESS (If rural, give location) <u>RR # 1 0540</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ALFRED</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>Schmidt</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Dec 16-1952</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>Sept 8, 1903</u>	9. AGE (In years last birthday) <u>49</u>	10. MONTHS <u>3</u>	11. DAYS <u>7</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Alma Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>Ernest Schmidt</u>	13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Schmiedel</u>	14. NAME OF HUSBAND OR WIFE <u>Ludie Aversman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Ludie Schmidt, Waverly Mo</u>	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		MEDICAL CERTIFICATION <u>Crushing injury to left chest with several fractured ribs over the sternum.</u>	INTERVAL BETWEEN ONSET AND DEATH <u>691213</u>
	ANTECEDENT CAUSES			
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.			
II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
<u>Tractor on his farm and the tractor overturned on a ditch.</u>		<u>Driving the tractor.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <u>accidental</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Waverly Lafayette Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec-16-52 10A</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Tractor overturned on a ditch.</u>
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22. I hereby certify that I attended the deceased from after death on 12-16, 1952, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10A, from the causes and on the date stated above.

23a. SIGNATURE <u>M. Martin</u>	(Degree or title) <u>D.</u>	23b. ADDRESS <u>Alma Mo</u>	23c. DATE SIGNED <u>12-16-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/18/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>Alma Lafayette, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 17-1952</u>	REGISTRAR'S SIGNATURE <u>Clayton N. Landrum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred N. Brewer</u>	ADDRESS <u>Alma Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

540

FEB 19 1956

**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 Alfred N. Bremer

Licensed Embalmer No. 7696

P. O. Address Alma, 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.