

S. No. 300  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 766

FILED JAN 15 1953

BIRTH NO. 1034 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 306 Registrar's No. 10

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>Boone</u>	
b. CITY OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Rural - Cedar Swamp</u>	
c. LENGTH OF STAY (In this place) <u>1 da.</u>		d. STREET ADDRESS (If rural, give location) <u>Ashland R.F.D. # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Randy Reinhold Schmoeller</u> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>January 8 1953</u>		
5. SEX <u>Male</u>		8. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
6. DATE OF BIRTH <u>January 7 1953</u>		9. AGE (In years last birthday) <u>7</u>		10. MONTH   YEAR   HOUR   MIN. <u>1   7   1   00</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Reinhold Schmoeller</u>		13b. MOTHER'S MAIDEN NAME <u>Doris Zumwalt</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eula Zumwalt Ashland Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis, massive, bilateral</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hr.</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
11. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>malnutrition in utero</u>			
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)	
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?	

22. I hereby certify that I attended the deceased from Jan. 7 1953, to Jan. 9 1953, that I last saw the deceased alive on Jan. 9 1953, and that death occurred at 12:34 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John S. Sennett, M.D.</u>		23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>1-9-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-9-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant Cemt Boone County Mo.</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. C. Burnett Ashland Mo</u>			

DATE REC'D BY LOCAL REG. <u>Jan 10-1953</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis MD - DR</u>		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. C. Burnett Ashland Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5264

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.....

*Not Embalmed*

working under my personal supervision.

Student Embalmer No.....

Signed.....

*W. M. C. Burnett*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3564*

P. O. Address *Ashtland 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.