

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24344

FILED AUG 4 - 1953

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>	
d. FULL NAME OF (If not in hospital) or institution, give street address or location <u>28 HUGHES FORD Rd.</u>		d. STREET ADDRESS (If rural, give location) <u>28 HUGHES FORD Rd</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LULU</u>	b. (Middle) <u>M</u>	c. (Last) <u>SCHMITT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 30 53</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>APRIL 4, 1877</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YRS. Hours	IF UNDER 1 YRS. Mins.
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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 <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BOURBON, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES R. Reeves</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET HUGHES</u>	14. NAME OF HUSBAND OR WIFE <u>HENRY SCHMITT</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>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Schmitt Sullivan, Mo</u>	ADDRESS <u>-</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>2 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized carcinoma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>adenocarcinoma of the epithelium of liver</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>			

19a. DATE OF OPERATION <u>1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>Liver metastasis from adenocarcinoma</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>-</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>-</u>
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22. I hereby certify that I attended the deceased from Jan, 1953, to July 30, 1953, that I last saw the deceased alive on July 30, 1953, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

22a. SIGNATURE <u>L. F. Anderson, M.D.</u>	(Degree or title)	22b. ADDRESS <u>Sullivan, Mo</u>	22c. DATE SIGNED <u>7/31/53</u>
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23a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/2/53</u>	23c. NAME OF CEMETERY OR CREMATORY <u>J. O. O'F. Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Sullivan, Mo</u>
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DATE REC'D BY LOCAL REG. <u>7/31/53</u>	REGISTRAR'S SIGNATURE <u>C. A. Prater, M.D.</u>	24. FUNERAL DIRECTOR'S SIGNATURE <u>Amulation Sullivan, Mo</u>	ADDRESS <u>-</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
00-48

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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 J. G. Humphrey

Licensed Embalmer No. 4773

P. O. Address Sullivan, 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.