

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32631

State File No.

FILED SEP 18 1953

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Louisiana</u>	c. LENGTH OF STAY (in this place) <u>2 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Ann</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>144 Constance court</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Richard</u> c. (Last) <u>Schmidt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 12 1953</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-5-23</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u>	IF UNDER 6 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Aeronautical Eng.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>McDonnell Air</u>		11. BIRTHPLACE (State or foreign country) <u>Council Bluffs, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>Daniel Harry Schmidt</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Lou. Thissen</u>	14. NAME OF HUSBAND OR WIFE <u>Virginia Schmidt</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give year or dates of service) <u>WW II</u>	16. SOCIAL SECURITY NO. <u>482-14-5648</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ida Jennings 3994 Tholozon</u>

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.	19. MEDICAL CERTIFICATION		20. INTERVAL BETWEEN ONSET AND DEATH <u>St. Louis</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Trauma to Heart, Crushed Chest</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple fracture both legs</u> DUE TO (c) <u>both causes</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E866X 39</u>			

19a. DATE OF OPERATION <u>None</u>	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) <u>accident</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>Palma Pike Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 12 53 2^{PM}</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>airplane crash</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Sept 12, 1953, and that death occurred at 4 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. G. Mudd, Coroner</u>	23b. ADDRESS <u>3 Bowling Green Mo.</u>	23c. DATE SIGNED <u>Sept 13-53</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Sept 15-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAKE CHARLES PARK</u>
24d. LOCATION (City, town, or county) (State) <u>ST ANN, MO.</u>		

DATE REC'D BY LOCAL REG. <u>Sept 14, 1953</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. G. Mudd Bowling Green, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 7 1959

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed James E. Mudd

Licensed Embalmer No. 4152

P. O. Address. Bacaling, Hawaii, K.

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.

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