

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37978

State File No. \_\_\_\_\_

FILED OCT 16 1953

0980

BIRTH NO. _____		REG. DIST. NO. <u>925</u>		PRIMARY REG. DIST. NO. <u>4472</u>		Registrar's No. <u>25</u>			
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Queen City</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Queen City</u>		0980			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rudolph</u>			b. (Middle)		c. (Last) <u>Schmid</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 4-1953</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>Nov 10 1892</u>		9. AGE (In years last birthday) <u>60</u> # UNDER 1 YEAR Months <u>10</u> Days <u>24</u> # UNDER 1 MIN. Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Stockman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Cattlebuyer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Queen City, Mo. rural U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Joseph Schmid</u>			13b. MOTHER'S MAIDEN NAME <u>Miller Schipper</u>			14. NAME OF HUSBAND OR WIFE <u>Anna Schmid</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>494-20-5409</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. R. Schmid</u>			ADDRESS <u>Queen City, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypotonic Pneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Regretive Cardiac Failure</u>						<u>3 years</u>	
		DUE TO (c) <u>Myocardial Failure</u>						<u>5 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Essential Hypertension</u>						<u>5 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>						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) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 <u>Aug.</u> , 19 <u>50</u> , to <u>1954</u> , 1953, that I last saw the deceased alive on <u>1954</u> , 1953, and that death occurred at <u>5:15 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Edward M. Roberts M.D.</u>				23b. ADDRESS <u>112 Queen City, Mo.</u>			23c. DATE SIGNED <u>10/4/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct. 6 '53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Queen City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Queen City Missouri</u>			
DATE RECD BY LOCAL REG. <u>Oct. 16/53</u>		REGISTRAR'S SIGNATURE <u>Wm. R. Drake</u>		25. FURNERAL DIRECTOR'S SIGNATURE <u>Paul Cooley</u>		ADDRESS <u>Queen City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

*Paul P. Poby*

Licensed Embalmer No. 4619

P. O. Address Queen City Missouri

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.