

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42515**

FILED DEC 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **217**

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

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Washington</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Warrenton</b>	
c. LENGTH OF STAY (in this place) <b>4 days</b>		d. STREET ADDRESS (If rural, give location) <b>1090 /</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			
3. NAME OF DECEASED a. (First) <b>Helen</b> b. (Middle) <b>Elizabeth</b> c. (Last) <b>Schmidt</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 23, 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 31, 1895</b>
9. AGE (In years) <b>58</b> (Last birthday) <b>58</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Ladies Apparel</b>	
11. BIRTHPLACE (State or foreign country) <b>Oswego, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Thorn Swanwick</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Stone</b>	
14. NAME OF HUSBAND OR WIFE <b>William Schmidt</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>487-36-1081</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Wm. Schmidt</b>		ADDRESS <b>Warrenton, Mo.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary embolism acute</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>few days post operative</b> DUE TO (c) <b>acute cholecystitis &amp; lithiasis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic myocarditis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>acute cholecystitis &amp; cholelithiasis</b>	
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 <b>Dec 17, 1953</b> , to <b>Dec 23, 1953</b> , that I last saw the deceased alive on <b>Dec 23, 1953</b> , and that death occurred at <b>8:40 P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Harold H. Nieburg</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Warrenton Mo</b>	
23c. DATE SIGNED <b>12-24-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-26-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Oswego, Kansas</b>	
DATE REC'D BY LOCAL REG. <b>12/24/53</b>		REGISTRAR'S SIGNATURE <b>F. W. Nieburg &amp; Co.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>F. W. Nieburg &amp; Co.</b>		ADDRESS <b>Warrenton, Mo.</b>	

P. O. BOX 6

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

*John J. Lieberg*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3897

P. O. Address Warrenton, W.

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.