

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43702**

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. **234** PRIMARY REG. DIST. NO. **4349** Registrar's No. **24**

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

1. PLACE OF DEATH a. COUNTY MORGAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MORGAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STOVER		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STOVER	
d. FULL NAME OF HOSPITAL OR INSTITUTION STOVER MO		d. STREET ADDRESS (If rural, give location) STOVER MO	

3. NAME OF DECEASED (Type or Print) a. (First) MARGUERITE	b. (Middle) C.	c. (Last) SCHMIDT	4. DATE OF DEATH (Month) (Day) (Year) DEC. 17, 1953
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 20 1892	9. AGE (In years last birthday) 61 Months 6 Days 27	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) LOVE OREGON	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME JERMIAN J. McELWOTT	13b. MOTHER'S MAIDEN NAME MARGARET KENNEDY	14. NAME OF HUSBAND OR WIFE HENRY SCHMIDT
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. MARIE SMITHSON	ADDRESS STOVER MO
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Conjunctive Heart failure		INTERVAL BETWEEN ONSET AND DEATH 1 yr 10 yr 10 yr. 15 yr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity			15 yr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May**, 1953, to **Dec**, 1953, that I last saw the deceased alive on **Nov**, 1953, and that death occurred at **6 A** m., from the causes and on the date stated above.

23a. SIGNATURE Ruth Kaufman, M.D.	23b. ADDRESS Versailles, Mo.	23c. DATE SIGNED Dec. 17, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 19 1953	24c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MO.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Dec, 19 1953	REGISTRAR'S SIGNATURE Mr. R. Rappaport	25. FUNERAL DIRECTOR'S SIGNATURE J. L. Stevenson	ADDRESS Stover Mo.
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JAN 4 1951

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. L. Stevenson
Licensed Embalmer No. 4073

P. O. Address Stover 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.