

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43731**

FILED JAN 11 1954

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>121</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Oklahoma</u> b. COUNTY <u>Ottawa</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. LENGTH OF STAY (In this place) <u>19 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Turkeyford</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sales Memorial Hospital</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Elmer</u> c. (Last) <u>Schmidt</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Sept. 25, 1884</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MIN. Hours _____		4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 24 - 1953</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer,</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>McDonald County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Fred Schmidt</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Catherine Crosley</u>			14. NAME OF HUSBAND OR WIFE <u>Do Not Know</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>648-16-7089</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>H. E. Schmidt, Tiff City, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach with Metastasis to Liver</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Jaundice with petechial hemorrhages into skin</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Cardiac Decompensation</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> <u>intention</u> <u>about 3 weeks</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>Stone</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) <u>Neosho Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>151X</u>					
22. I hereby certify that I attended the deceased from <u>12-5, 1953</u> , to <u>12-24, 1953</u> , that I last saw the deceased alive on <u>12-24, 1953</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Melvin C. Bowman M.D.</u>				23b. ADDRESS <u>Neosho Mo.</u>		23c. DATE SIGNED <u>Dec 29-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/27/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tiff City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tiff City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-28-53</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>223 Miami Funeral Home, Miami, Okla</u>			

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 154-11

Date Filed 1/8/53

NEOSHO, MISSOURI

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

Licensed Embalmer No. 508 (Dale)

P. O. Address Miami, Okla

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.