

STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 15 1954

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5250 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>			
b. CITY OR TOWN <u>BRUNSWICK</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. LENGTH OF STAY <u>50 YRS</u> <small>(In this place)</small>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRUNSWICK (RURAL)</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DIED AT HIS HOME</u>				d. STREET ADDRESS <u>R.R. #1</u> 0210			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LORENZ</u>		b. (Middle) <u>A.</u>		c. (Last) <u>SCHMITT</u>	
4. DATE OF DEATH		(Month) <u>2</u>		(Day) <u>7</u>		(Year) <u>1954</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>4-25-1872</u>		9. AGE (In years last birthday) <u>81</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 WORK</u>		11. BIRTHPLACE (State or foreign country) <u>PRINCEVILLE ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ADAM SCHMITT</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH PLETCH</u>		14. NAME OF HUSBAND OR WIFE <u>ELLA SCHMITT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give way or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ELLA SCHMITT</u> ADDRESS <u>BRUNSWICK 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>Cardiovascular disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
		ANTECEDENT CAUSES		DUE TO (b) <u>Long hours of Labor</u>		Life time	
				DUE TO (c) <u>Nephritis subacute Glomerular</u>		<u>Woo 12 yr</u>	
		II. OTHER SIGNIFICANT CONDITIONS		<u>General Anasarca</u>		<u>1 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>July 1 - 1850</u> , to <u>2-6-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2-6-</u> , 19 <u>54</u> , and that death occurred at <u>10 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Grover C. Rice M.D.</u> (Degree or title)				23b. ADDRESS <u>13 Brunswick Mo</u>		23c. DATE SIGNED <u>2-10-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-9-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST DOMINIC</u>		24d. LOCATION (City, town, or county) (State) <u>BRUNSWICK MO</u>	
DATE REC'D BY LOCAL REG. <u>2-9-54</u>		REGISTRAR'S SIGNATURE <u>Mildred Beane</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Weiser</u>		ADDRESS <u>Brumswick</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..... *L. W. ...*

Licensed Embalmer No. *823*

P. O. Address *Princeton, N.J.*

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.