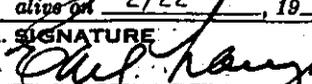
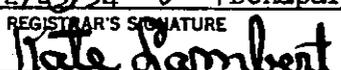
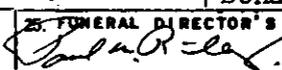


**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **3854**

FILED FEB 24 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **40**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Adair</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b> c. LENGTH OF STAY (in this place) <b>10 Das</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Laughlin Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Iowa</b> b. COUNTY <b>U.K.</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bonaparte</b> d. STREET ADDRESS (If rural, give location) <b>Rural</b>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Fred</b> b. (Middle) _____ c. (Last) <b>Schmidt</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Feb. 23, 1954</b>	
<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>June 8, 1878</b>	<b>9. AGE</b> (In years, last birthday) <b>75</b> IF OVER 1 YEAR Months _____ Days _____ IF OVER 24 HRS. Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Barkio Feed Co.</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Bonaparte, Iowa</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
<b>13a. FATHER'S NAME</b> <b>Christian Schmidt</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Eva Bernhardt</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Emma Schmidt</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>Yes</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Gladys Schmidt, Bonaparte, Iowa.</b>	
<b>MEDICAL CERTIFICATION</b>				
<b>18. CAUSE OF DEATH</b> 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.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Intertrochanteric fracture of left femur</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>9 days</b>
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> <b>Senile dementia - Diabetes - Uremia</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>Unknown</b>
<b>19a. DATE OF OPERATION</b> <b>2-15-54</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Stabilization of intertrochanteric fracture of left femur</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>Accident</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	<b>21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE)</b> <b>Bonaparte Bonaparte Iowa</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>2 -14-54 7:30 A</b>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>Fell going to the toilet.</b>		
<b>22. I hereby certify that I attended the deceased from</b> <b>2/14</b> , <b>1954</b> , to <b>2/23</b> , <b>1954</b> , that I last saw the deceased alive on <b>2/22</b> , <b>1954</b> , and that death occurred at <b>4:55A</b> m., from the causes and on the date stated above.				
<b>23a. SIGNATURE</b>  (Degree or title) <b>D.O.</b>		<b>23b. ADDRESS</b> <b>Kirksville, Mo.</b>		<b>23c. DATE SIGNED</b> <b>2-23-54</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>2/23/54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Bonaparte,</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Bonaparte, Iowa.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>2-23-54</b>	<b>REGISTRAR'S SIGNATURE</b> 		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS  <b>Kirksville, Mo.</b>	

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Richard H. Bandall

Licensed Embalmer No. 4866

P. O. Address Yukonville, 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.