

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12547

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4269 Registrar's No. 29

540

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Corder</u>		c. LENGTH OF STAY (In this place) <u>10 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Corder</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u> b. (Middle) _____ c. (Last) <u>Schmidt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>8</u> <u>54</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>5-5-1885</u>		9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR <u>II</u> MONTHS <u>3</u> DAYS IF UNDER 24 HRS. <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Corder, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Conrad Schmidt</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Thomasmeyer</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dora Rogge</u> ADDRESS <u>Corder, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma metastatic generalized carcinoma of breast type undetermined</u>			<u>Unknown</u>
		DUE TO (c) <u>Malnutrition, cachexia</u>			<u>Unknown</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>170 X</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>Corder Missouri 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?		

22. I hereby certify that I attended the deceased from 4/8 ¹⁹⁵⁴, to 4/8 ¹⁹⁵⁴, that I last saw the deceased alive on 4/8, 1954, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. B. Bees</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Higginsville, Mo.</u>		23c. DATE SIGNED <u>4/14/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-10-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran</u>	
		24d. LOCATION (City, town, or county) (State) <u>Corder Missouri</u>			

DATE REC'D BY LOCAL REG. <u>April 17, 54</u>		REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Forrest A. Book</u> ADDRESS <u>Higginsville, Mo.</u>	
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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 Farrell A. Hoefler

Licensed Embalmer No. 4258

P. O. Address Higginsville, 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.