

FILED OCT 8 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

30994

BIRTH NO. ....		REG. DIST. NO. <u>154</u>		PRIMARY REG. DIST. NO. <u>5575</u>		Registrar's No. <u>51</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY OR TOWN <u>GRANDVIEW</u>		c. LENGTH OF STAY (in this place) <u>30 years</u>		c. CITY OR TOWN <u>GRANDVIEW</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12709 7th STREET</u>				f. STREET ADDRESS (If rural, give location) <u>12709 7th Street 7000</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>BENEDICT</u> c. (Last) <u>SCHMIDT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 29, 1954</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Sept. 4, 1884</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State; Foreign Country) <u>SALISBURY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>JOHN J. SCHMIDT</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>495-05-5711A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. FRANK H. FATHERTON</u> ADDRESS <u>12709 7th St. Grandview 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u> ANTECEDENT CAUSES: <u>acute coronary occlusion</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> <u>1/2 hour.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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)			
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 <u>Sept 29, 1954</u> , to <u>Sept 29, 1954</u> , that I last saw the deceased alive on <u>Sept 27, 1954</u> , and that death occurred at <u>6:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>William L. Doane MD</u> (Degree or title)				23b. ADDRESS <u>Grandview Mo</u>		23c. DATE SIGNED <u>9-30-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT 2, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. CALVARY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, KANSAS</u>		
DATE REC'D BY LOCAL REG. <u>9/30/54</u>		REGISTRAR'S SIGNATURE <u>Arthur Edward</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>1331 BRUSH CREEK</u> <u>St. Joseph's - KANSAS CITY, MISSOURI</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 12 1954

NOV 12 6 1 AM '54

Handwritten initials

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.....  
Signature of Student Embalmer

Signed *Richard L. Rogers*

Licensed Embalmer No. 495

P. O. Address *R.L.R.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.