S. No. 300
V. 10-48

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

FILED SEP 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31299

BIRTH NO. _____ REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 4345 Registrar's No. 80

1. PLACE OF DEATH
a. COUNTY: Montgomery Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bluffton, Mo.
c. LENGTH OF STAY (in this place): 58 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: Montgomery.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bluffton, Mo.
d. STREET ADDRESS (If rural, give location): 0200

3. NAME OF DECEASED (Type or Print)
a. (First): Adolph
b. (Middle): G
c. (Last): Schmidt,

4. DATE OF DEATH (Month) (Day) (Year): Sept 19th 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 28th 1872
9. AGE (In years last birthday): 82 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Merchant
10b. KIND OF BUSINESS OR INDUSTRY: XX
11. BIRTHPLACE (State or foreign country): Wallam, Mo.
12. CITIZEN OF WHAT COUNTRY?: U S.

13a. FATHER'S NAME: Adolph Schmidt,
13b. MOTHER'S MAIDEN NAME: Minnia Macey,
14. NAME OF HUSBAND OR WIFE: Emma Schmidt,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): XX — (If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.: XX
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Emma Schmidt, Bluffton, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 10 YRS

ANTECEDENT CAUSES
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.* PULMONARY EMPHYSEMA — 10 YRS
PULMONARY FIBROSIS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-20, 1954, *to* 9-16, 1954, *that I last saw the deceased alive on* 9-16, 1954, *and that death occurred at* 1 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George M. Workman M.D.
23b. ADDRESS: Hermann, Mo
23c. DATE SIGNED: 9-21-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 22nd 1954
24c. NAME OF CEMETERY OR CREMATORY: St. Marcus E.R.
24d. LOCATION (City, town, or county) (State): Rhineland, Mo.

DATE REC'D BY LOCAL REG.: Sept 23rd 1954.
REGISTRAR'S SIGNATURE: Mrs. Eunice Bush
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Americus, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 31 1957

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 O B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.