

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31471**

BIRTH NO. **63951-54** REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **5985** Registrar's No. **98**

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Fort Leonard Wood</b>		c. CITY OR TOWN <b>Fort Leonard Wood</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>5 hours</b>		e. STREET ADDRESS (If rural, give location) <b>U. S. Army Hospital</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>U. S. Army Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Lauri</b>	b. (Middle) <b>Jo</b>	c. (Last) <b>Schmitz</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 17 1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>17 Sept 1954</b>	9. AGE (In years last birthday) <b>5</b>	IF UNDER 1 YEAR Months <b>5</b>	IF UNDER 24 HRS. Days <b>26</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Ralph E. Schmitz</b>	13b. MOTHER'S MAIDEN NAME <b>Barbara Jane Kennedy</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>L.A. WHITE, Capt. MSC, USAF, Ft Leonard Wood, Mo.</b>	ADDRESS <b>776 X</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity, 26 weeks gestation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 hrs 26 min</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>776 X</b>
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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?
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22. I hereby certify that I attended the deceased from **17 Sep**, 19**54**, to **17 Sep**, 19**54**, that I last saw the deceased alive on **17 Sep**, 19**54**, and that death occurred at **12:40 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert H. Hargis, Capt. MC</b>	23b. ADDRESS <b>US Army Hospital Fort Leonard Wood, Missouri</b>	23c. DATE SIGNED <b>17 Sep 54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sep 19-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crocker Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Crocker MO</b>
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DATE REC'D BY LOCAL REG. <b>9-18-54</b>	REGISTRAR'S SIGNATURE <b>Paula Jean Anderson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Billy J. Hodge</b>	ADDRESS <b>Crocker MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed 9-25-54  
Number 9-18-54  
County Health Officer RECEIVED

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..

*not embalmed*

Student.....  
Signature of Student Embalmer

Signed Clarence E. Cross

Licensed Embalmer No. 4896

P. O. Address Waynesville

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.