

No. 300
10.48

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31472

State File No.

BIRTH NO. 63952-54 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fort Leonard Wood</u>		c. LENGTH OF STAY (in this place) <u>31 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fort Leonard Wood</u> <u>08 d 0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Army Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>US Army Hospital</u> <u>0</u>		

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mark</u>	b. (Middle) <u>Steven</u>	c. (Last) <u>Schmitz</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sep 18 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>17 Sep 1954</u>	9. AGE (in years last birthday)	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 30 DAYS Days <u>7</u>	IF UNDER 30 MIN. Hours <u>7</u>	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			

13a. FATHER'S NAME <u>Ralph E Schmitz</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Jane Kennedy</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>USAH</u> ADDRESS <u>Fort Leonard Wood</u> <i>Robert Simonson</i>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity 26 weeks gestation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>31 hrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u>		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</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>776 X</u>
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?

22. I hereby certify that I attended the deceased from 17 Sep 1954, to 18 Sep 1954, that I last saw the deceased alive on 18 Sep 1954, and that death occurred at 1455 pm, from the causes and on the date stated above.

23a. SIGNATURE <i>Robert Simonson</i>	23b. ADDRESS <u>US Army Hospital Fort Leonard Wood Missouri</u>	23c. DATE SIGNED <u>18 Sep 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sep 19-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crocker Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Crocker Mo</u>		

DATE REC'D BY LOCAL REG. <u>9-18-54</u>	REGISTRAR'S SIGNATURE <i>Paula...</i>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Billy D Hedge</u>	ADDRESS <u>Crocker Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 9-25-54
File Number _____
Clark County Health Office
9-18-54

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
Student Embalmer

Student Embalmer No. _____

not Embalmed
Signed *Clara Gross*

Licensed Embalmer No. 4896

P. O. Address Wayneville, N.C.

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.