No. 300
10.48

500

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

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41518

State File No.

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5593 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Plattin
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rush Tower, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jefferson
c. CITY OR TOWN: Rural Plattin
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rush Tower, Mo.

0500
0

3. NAME OF DECEASED (Type or Print)
a. (First): Elizebeth
b. (Middle): Marie
c. (Last): Schmidt

4. DATE OF DEATH (Month) (Day) (Year): Dec. 27, 1954

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 15, 1881
9. AGE (In years last birthday): 73 — If under 1 year: Months 11, Days 12, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ---------
11. BIRTHPLACE (City and State or Foreign Country): Flucom, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Lewis Kleinschmidt
13b. MOTHER'S MAIDEN NAME: Mary Moehlman
14. NAME OF HUSBAND OR WIFE: Adolph Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Milton Kiepe
ADDRESS: Route #1 Festus, 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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

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. Chronic osteo-arthritis — 15 yrs plus

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: ----
331X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
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* Dec. 26, *19* 54, *to* Dec. 27, *19* 54, *that I last saw the deceased alive on* never as patient *and that death occurred at* 12:55 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (authorized by Coroner): John T. Rutledge
(Degree or title): M.D.
23b. ADDRESS: Crystal City, Mo
23c. DATE SIGNED: 12-28-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 29, 1954
24c. NAME OF CEMETERY OR CREMATORY: Flucom Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson County, Mo.

DATE REC'D BY LOCAL REG.: 1-4-55
REGISTRAR'S SIGNATURE: Marie Farris .146
25. FUNERAL DIRECTOR'S SIGNATURE: H. S. Vinyard
ADDRESS: Festus, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 5

JAN 5 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald H. Vinyard

Licensed Embalmer No. 460

P. O. Address Festus, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.