

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

633

BIRTH NO.		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo.</u>				c. LENGTH OF STAY (in this place) <u>1 Month</u>		c. CITY OR TOWN <u>Westphalia, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHANNA</u>				b. (Middle) <u>SCHMIDT</u>		c. (Last) <u>SCHMIDT</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 20, 1955</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 27, 1876</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>2</u>		IF UNDER 1 YEAR Days <u>27</u>		IF UNDER 1 HR. Hours <u>1</u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>WESTPHALIA, MO. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>CHRIST HOER</u>			13b. MOTHER'S MAIDEN NAME <u>THRESA FENNEWALD</u>			14. NAME OF HUSBAND OR WIFE <u>HANRY H. SCHMIDT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HENRY H. SCHMIDT WESTPHALIA</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, asthenia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hypertension & cardiovascular disease & arteriosclerosis</u>							
ANTECEDENT CAUSES DUE TO (b) <u></u>							
DUE TO (c) <u></u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture right femur 1 month</u>							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>443X F</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) (Min.)		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>Dec 23, 1955</u> , to <u>Jan 20, 1955</u> that I last saw the deceased alive on <u>Jan 20, 1955</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dean Daylan M.D.</u>				23b. ADDRESS <u>Jefferson City</u>		23c. DATE SIGNED <u>1-21-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/24/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph</u>		24d. LOCATION (City, town, or county) (State) <u>Westphalia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 21-1955</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis MD-NP</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Miller</u>		ADDRESS <u>J. C. MO.</u>	

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

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..... *Sylvester Dulle*

Licensed Embalmer No. *432*

P. O. Address *Jefferson*

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.