

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15826**BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JEFF.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto		c. LENGTH OF STAY (In this place) 55 YRS		c. CITY OR TOWN De Soto		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 604 PRATT ST				e. STREET ADDRESS (If rural, give location) 604 PRATT ST.			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) JACOB		c. (Last) SCHMIDT		4. DATE OF DEATH (Month) (Day) (Year) MAY 12 1955	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 9 1869	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days	IF UNDER 1 Wks. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BANKER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) FLUCOM Mo., 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FREDERICK SCHMIDT		13b. MOTHER'S MAIDEN NAME VERONA SIMON		14. NAME OF HUSBAND OR WIFE CLARA SCHMIDT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROSE LANSFORD De Soto 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the right lung					INTERVAL BETWEEN ONSET AND DEATH 6 months	
	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.						
19a. DATE OF OPERATION 163 X		19b. MAJOR FINDINGS OF OPERATION				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) 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 Nov 16, 1954 , to May 12, 1955 , that I last saw the deceased alive on May 10, 1955 , and that death occurred at 7 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.				23b. ADDRESS De Soto, Mo.		23c. DATE SIGNED 5-13-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 14 1954	24c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY		24d. LOCATION (City, town, or county) (State) De Soto Mo.			
DATE REC'D BY LOCAL REG. 5-13-55	REGISTRAR'S SIGNATURE Marie Garretts		i. 46	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Donnell, De Soto Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 7 1950

MAY 16 1955

MAY 16 1955

APR 23 1956
70P

MAY 9 1956

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.....
Samuel B. Dietrich

Licensed Embalmer No. 4100

P. O. Address.....
Sedalia

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.