

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED MAY 24 1955

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5883 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY OR TOWN <u>Bonnots Mill - Rural</u>		c. CITY OR TOWN <u>Frankenstein</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonnots Mill - Mo</u>		e. STREET ADDRESS (If rural, give location) <u>Bonnots Mill Mo - R7D</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Anton</u> c. (Last) <u>Schmitz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May - 12 - 1955</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Sept 10 - 1880</u>	9. AGE (In years last birthday) <u>74</u>	10. UNDER 1 YEAR Months <u>8</u> Days <u>2</u>	11. UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian Catholic Church</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Loose Creek - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>R. D.</u>	
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13a. FATHER'S NAME <u>Peter Schmitz</u>		13b. MOTHER'S MAIDEN NAME <u>Christina Huegen</u>		14. NAME OF HUSBAND OR WIFE <u>Kunigunda Roenigfeld</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John A. Schmitz</u> ADDRESS <u></u>	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) <u>Coronary Atherosclerosis</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>Extensive Diverticulosis</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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)	
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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?	
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22. I hereby certify that I attended the deceased from 1-2, 1955, to 5-9, 1955, that I last saw the deceased alive on 5-9, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Roman W. Baldwin M.D.</u>		23b. ADDRESS <u>Leini, Mo.</u>		23c. DATE SIGNED <u>5/14/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Frankenstein</u>		24d. LOCATION (City, town, or county) (State) <u>Frankenstein, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>May 17 - 1955</u>		REGISTRAR'S SIGNATURE <u>T. J. ...</u> 235		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Weston</u> ADDRESS <u>Leini, Mo</u>	
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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... *Vernon M. Mott*

Licensed Embalmer No. *412*

P. O. Address *Lincoln St*

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.