

FILED AUG 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25499

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 216

2

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton, Mo</u>		c. CITY OR TOWN <u>Boonville</u>	
c. LENGTH OF STAY (in this place) <u>2yr 4mo 26da</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>State Hospital #1, Fulton, Mo</u>		e. STREET ADDRESS (If rural, give location) <u>D.K.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>H.</u> c. (Last) <u>SCHMIDT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 13, 1955</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>July 26, 1885</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Days <u>0</u> IF UNDER 4 HRS. Hours <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Leonard Schmidt</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Renkin</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>D.K.</u>		16. SOCIAL SECURITY NO. <u>496-07-1945-A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records of State Hospital #1, Fulton, Mo.</u> ADDRESS <u>D.K.</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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis,</u>		DUPLICATE (b) <u>Senile Psychosis,</u>				<u>years</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.		DUPLICATE (c) <u>4222</u>				<u>years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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) <u>none</u>		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 Sept. 17, 1953, to August 13, 1955, that I last saw the deceased alive on August 13, 1955, and that death occurred at 11:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank J. Nichols</u> (Degree or title) M.D.		23b. ADDRESS <u>State Hospital #1, Fulton, Mo.</u>		23c. DATE SIGNED <u>8-14-1955</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>AUG 16, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Emory Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Cooper County, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Aug. 14-1955</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BW T. Cocher, by AFB</u> ADDRESS <u>629 E. MORBAN BOONVILLE, Mo.</u>	
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Aug 25 1951

**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 *B W T Hachery*

Licensed Embalmer No. *394*

P. O. Address *Bonwill*

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.