

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

348

State File No.

No. 300
10-48

FILED FEB 14 1956

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY Buchanan		b. CITY OR TOWN St. Joseph		a. STATE Missouri		b. COUNTY Jackson			
b. CITY OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 25 years		c. CITY OR TOWN Kansas City		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 State Hospital #2				e. STREET ADDRESS (If rural, give location) 123 N. Mersington					
3. NAME OF DECEASED			4. DATE OF DEATH						
a. (First) LEOTA	b. (Middle) MAY	c. (Last) SCHMITT	(Month) Feb.	(Day) 2,	(Year) 1956				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH unknown		9. AGE (In years last birthday) Abt 68	IF UNDER 1 YEAR Months	IF UNDER 1 HRs. Days	IF UNDER 1 HRs. Hours	IF UNDER 1 HRs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE William F. Schmitt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Harold H. Schmitt, 123 N. Mersington, Kansas Ci					ADDRESS
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, asthma, 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)				myocarditis				chronic	
II. OTHER SIGNIFICANT CONDITIONS				ANTECEDENT CAUSES					
Conditions contributing to the death but not related to the disease or condition causing death.				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
				DUE TO (c)					
19a. DATE OF OPERATION		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 <u>Jan. 1</u> , 19 <u>56</u> , to <u>Feb. 2</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb 1</u> , 19 <u>56</u> , and that death occurred at <u>2:05a.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) G. E. Gossins M.D.				23b. ADDRESS State Hospital #2				23c. DATE SIGNED 2/2/1956	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
Removal		2/2/1956				Wright City, Missouri			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR'S SIGNATURE				
Feb 7, 1956		Lothar M. Allison 485-D			Heata - Brown				
					St. Joseph, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 16 1958

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 *Richard D. Collins*.....

Licensed Embalmer No. *495*
319 - Ho. 10
P. O. Address *Ph. Jones*

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.