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THE DIVISION OF HEALTH OF THE STATE OF MISSOURI

STANDARD CERTIFICATE OF DEATH 5810 State File No. 1712A

FILED JUN 12 1956

BIRTH NO. REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 4345 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give town) Bluffton		c. CITY OR TOWN Bluffton Mo	
c. LENGTH OF STAY (In this place) 58 years		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) Bluffton. Mo	

3. NAME OF DECEASED (Type or Print) a. (First) Emme		b. (Middle)		c. (Last) Schmidt		4. DATE OF DEATH (Month) (Day) (Year) 6 6 1956	
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Feb-28-1878		9. AGE (In years last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Rhineland Mo		12. CITIZEN OF WHAT COUNTRY? U S	

13a. FATHER'S NAME Chris Lautenschlager		13b. MOTHER'S MAIDEN NAME Un known		14. NAME OF HUSBAND OR WIFE Adolph G 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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Warner Rhineland, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRO-VASCULAR ACCIDENT		INTERVAL BETWEEN ONSET AND DEATH 6 Hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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)		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 **8-28**, 19**54**, to **6-6**, 19**56**, that I last saw the deceased alive on **6-6**, 19**56**, and that death occurred at **2 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carol T. Shaw, MD		23b. ADDRESS Heronson, Mo		23c. DATE SIGNED 6-8-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June-9-1956		24c. NAME OF CEMETERY OR CREMATORY St Marcus Cemetery		24d. LOCATION (City, town, or county) (State) Rhineland, Mo	
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DATE REC'D BY LOCAL REG. June 9-1956 Mrs. Eunice Deal		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE L. R. Baker		ADDRESS Americus Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

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APR 19 1918

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 *D B Baker*

Licensed Embalmer No. 3375

P. O. Address Americus, Mo

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.