

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4393 21362
State File No.

FILED JUN 25 1956

BIRTH NO. REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5-884 Registrar's No. 36

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

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, write RURAL and give town) WESTPHALIA, MO.	c. LENGTH OF STAY (in this place) LIFE	c. CITY OR TOWN WESTPHALIA, MO.	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 WESTPHALIA MILLING CO.		e. STREET ADDRESS (If rural, give location) 0760	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK	b. (Middle) HUBERT	c. (Last) SCHMITZ	4. DATE OF DEATH (Month) (Day) (Year) MAY 29, 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 28, 1882	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 4 Days 0	IF UNDER 24 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MILLER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) WESTPHALIA, MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME HENRY SCHMITZ	13b. MOTHER'S MAIDEN NAME MARGARET JAEGER	14. NAME OF HUSBAND OR WIFE JOSEPHINE ROEDEL
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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) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. JOSEPHINE SCHMITZ WESTPHALIA
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular Disease		
	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	19b. MAJOR FINDINGS OF OPERATION	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) 4201
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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?
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22. I hereby certify that I attended the deceased from Jan 1952 to July 1956, that I last saw the deceased alive on July 1956, and that death occurred at 2 P.M. from the causes and on the date stated above.

23a. SIGNATURE L. B. Hebler M.D.	(Degree or title) (23b. ADDRESS) Jefferson City, Mo.	23c. DATE SIGNED 6-1-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/1/56	24c. NAME OF CEMETERY OR CREMATORY St. Joseph	24d. LOCATION (City, town, or county) (State) Westphalia, Mo.
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DATE REC'D BY LOCAL REG. JUN 23-1956	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. C. MO.
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SEP 25 1956

SEP 20 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 *James E. G. G. G.*

Licensed Embalmer No. *49*

P. O. Address *Jeff City*

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.