

No. 300  
10.48

FILED AUG 29 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27389

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Florida b. COUNTY Hillsborough	
b. CITY OR TOWN Carthage	c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN St. Petersburg	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 McCune-Brooks hospital		e. STREET ADDRESS (If rural, give location) 4632 40th Ave. North 8098	

3. NAME OF DECEASED (Type or Print) MARGARET SCHMETZER			4. DATE OF DEATH Aug. 18, 1956			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 7, 1888	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) N.Y. City Manhattan, New York		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME William Montgomery	13b. MOTHER'S MAIDEN NAME Margaret Roy	14. NAME OF HUSBAND OR WIFE Richard E. Schmetzer
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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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS R.A. Schmetzer, 6232 Oakland Ave St. Louis, Mo
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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) Shock		15 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Motor Accident DUE TO (c) Fracture R. femur Fracture R. humerus		3 1/2 hrs 8/17/56
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5/17/56	
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) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway	21c. (CITY, TOWN, OR TOWNSHIP) 5 <sup>th</sup> jct highways 66 & 97 (COUNTY) Lawrence (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 17, 1956 1:30 pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? collision of 2 autos

22. I hereby certify that I attended the deceased from Aug 17, 1956, to Aug 18, 1956, that I last saw the deceased alive on Aug 18, 1956, and that death occurred at 5:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Emory J. ... MD</i>	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 8-18-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Aug 22, 1956	24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. 8-19-56	REGISTRAR'S SIGNATURE <i>Ell Clinton</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KNELL MORTUARY Carthage, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

139

MAY 31 1962  
APR 30 1961  
SEP 28 1958  
1956

KS JAN 5 1967

County File Number 56-8-697  
Date Filed AUG-28-1956

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 *D. L. Isbell*.....

Licensed Embalmer No. 497.....

P. O. Address *Carthage*.....

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.