

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31167

State File No.

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>JEFF.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>De Soto</u>		c. CITY OR TOWN <u>De Soto</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>12 YRS</u>		e. STREET ADDRESS (If rural, give location) <u>502 LANSDOWNE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>502 LANSDOWNE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUST</u> b. (Middle) <u>ALBERT</u> c. (Last) <u>SCHMIDT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 6 1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG. 13, 1877</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. BAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>LEABON EN ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>HERMAN SCHMIDT</u>	13b. MOTHER'S MAIDEN NAME <u>MARY WILLI</u>	14. NAME OF HUSBAND OR WIFE <u>MARIE LOUISE SCHMIDT</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>496-28-669</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. NELSON HAKE</u>
		ADDRESS <u>SPRINGFIELD ILLINOIS</u>

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	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) <u>331X</u>
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:15 AM, from the causes and on the date stated above.~~

23a. SIGNATURE <u>Carl E. Price MD</u> (Degree or title)		23b. ADDRESS <u>Hillborno Mo</u>		23c. DATE SIGNED <u>10-8-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT. 9 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN PARK</u>	24d. LOCATION (City, town, or county) (State) <u>De Soto Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-9-56</u>	REGISTRAR'S SIGNATURE <u>Marie Harris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DONNELL B. DIETRICH</u> ADDRESS <u>De Soto Mo</u>		

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

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 13 1956

OCT 16 9 1 1900

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 B. [Signature]

Licensed Embalmer No. 7104

P. O. Address.....
Debita M.

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.