

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34524

STATE FILE NUMBER

FILED NOV 15 1956

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WEBB CITY</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>WEBB CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>340 SOUTH MADISON</u>		Length of stay in 1b <u>2 MONTHS</u>	d. STREET ADDRESS <u>340 SOUTH MADISON</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle Last <u>SCHMUCK</u>			4. DATE OF DEATH Month <u>NOVEMBER</u> Day <u>6</u> Year <u>1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 10, 1892</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>29</u> Days <u>1</u> Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>JOPLIN TRANSFER</u>	11. BIRTHPLACE (City and state or country) <u>AUSTRIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>NO DATA</u>			14. MOTHER'S MAIDEN NAME <u>NO DATA</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>1918-1-1</u>	17. INFORMANT Address <u>MYRTLE SCHMUCK</u> <u>WEBB CITY, MO.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Coronary Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 Hr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4201</u>		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____
21. I attended the deceased from <u>3-20-56</u> to <u>10-23-56</u> and last saw her alive on <u>10-23-56</u> Death occurred at <u>10:10 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Chas Wilson MD</u>		22b. ADDRESS <u>1923 Somerset, Joplin Mo.</u>		22c. DATE SIGNED <u>11-8-56</u>	
23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>BURIAL</u>		23b. DATE <u>11/8/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEMORIAL PARK</u>		23d. LOCATION (City, town, or county) (State) <u>JOPLIN, MO.</u>
24. FUNERAL DIRECTOR <u>HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO</u>		25. DATE RECD. BY LOCAL REG. <u>11-8-56</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Chroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Jasper County Health Dept  
County File Number NOV 07/27/95  
Date Filed NOV 5-6-11-89

NOV 10 10 56 AM '89

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 Gray Lee

Licensed Embalmer No. 440

P. O. Address Will

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.