

Health, Welfare, Public Service

300-56

37  
6  
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38631  
STATE FILE NUMBER

FILED DEC 12 1956

Registration District No. 175 Primary Registration District No. 4979 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <b>LAWRENCE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>LAWRENCE</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>VERONA</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Monett, Mo. Rt. 105</b>		Outside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>City of Verona</b>			Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>4 MILES EAST of Verona</b>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>ALBERT PAUL SCHMIDT</b>				4. DATE OF DEATH Month Day Year <b>Nov. 29, 1956</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>MAY 9, 1904</b>		9. AGE (In years last birthday) <b>52</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>SELF</b>		11. BIRTHPLACE (City and state or country) <b>LAWRENCE Co.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Richard Schmidt</b>				14. MOTHER'S MAIDEN NAME <b>Mary RAUSCH</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No No-</b>			16. SOCIAL SECURITY NO. <b>495-30-1306</b>		17. INFORMANT Address <b>Floora Schmidt, Monett, Mo.</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>T Rain and truck accident. Right axle broken, Right hip broken, right and left shoulder broken, skull crushed, neck broken, skull crushed, gas had gotten on midsection of body, causing skin slip on right hip and back.</b> DUE TO (b) <b>skull crushed, neck broken, skull crushed,</b> DUE TO (c) <b>causing skin slip on right hip and back.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>8100</b>								INTERVAL BETWEEN ONSET AND DEATH <b>27</b>	
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.) <b>055</b>						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. INJURY OCCURRED WHILE AT WORK <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 _____ to _____ and last saw her/him alive on _____ Death occurred at <b>8:30 A.M.</b> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Deputy or title) <b>W.H. Lassuth Coroner, Lawrence Co.</b>					22b. ADDRESS <b>Dr. Verison, Mo.</b>			22c. DATE SIGNED <b>11-30-56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>DEC. 1-1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SACRED HEART CEMETERY, VERONA, MO.</b>			23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR <b>O.L. Marsh, Aurora, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>12-1-1956</b>			26. REGISTRAR'S SIGNATURE <b>Ora Mc Natt</b>			

(Licensed Embalmer's Statement on Reverse Side)

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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 *Myself*....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Charles L. Marsh*.....  
Licensed Embalmer No 38

P. O. Address *Amos*

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.