FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2175

STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 5883 Registrar's No. 80

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, give TOWNSHIP only) OR TOWN LOOSE CREEK — Inside Limits Yes X No ☐	c. CITY OR TOWN LOOSE CREEK 0169 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b L)10 YEARS	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First HENRY	Middle PETER	Last SCHMITZ
4. DATE OF DEATH	Month JANUARY	Day 5,	Year 1957
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH MAR. 25, 1885
9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 9 Days 9	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Selfemployed	11. BIRTHPLACE (City and state or country) Loose Creek, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Henry Schmitz		14. MOTHER'S MAIDEN NAME Mary Wolfe	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Everett Haslag, Loose Creek, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Carcinomatosis

DUE TO (c) Prostate primary site of Ca.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 177X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 12-20-56, to 1-5-57 and last saw ~~her~~ him alive on 1-4-57

Death occurred at 7:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Norman W. Baldwin D.O.	22b. ADDRESS Linn	22c. DATE SIGNED 1-9-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 9/57	23c. NAME OF CEMETERY OR CREMATORY New Loose Creek, Catholic	23d. LOCATION (City, town, or county) (State) Loose Creek, Mo.
24. FUNERAL DIRECTOR Morton, Clyde	ADDRESS Linn, Mo.	25. DATE RECD. BY LOCAL REG. 1/9/57	26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature ... diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Vernon M. Mo

Licensed Embalmer No. 4

P. O. Address Lem

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.